DOCUMENT RESUME

ED 412 666 EC 305 861

TITLE	HAPPY Rural Outreach Project. Final Report.
INSTITUTION	Nevada State Dept. of Human Resources, Reno. Early Childhood Services.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	1997-00-00
NOTE	92p.
CONTRACT	H024D30048
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	American Indians; Computer Assisted Instruction; Curriculum Development; *Delivery Systems; *Developmental Disabilities; *Early Intervention; Hispanic Americans; Home Instruction; Home Visits; Individualized Family Service Plans; *Inservice Teacher Education; Learning Activities; Models; Parent Education; Parents as Teachers; Participant Satisfaction; Preschool Education; Professional Development; *Rural Education; Student Evaluation; Surveys; Toddlers; Training Objectives; Videotape Recordings; Young Children
IDENTIFIERS	*Home Based Programs; Nevada

ABSTRACT

This final report describes activities and accomplishments of the Home Activity Program for Parents and Youngsters (HAPPY) Rural Outreach Project, a collaborative effort to provide family-focused early intervention services to children with disabilities (ages birth through 5) in rural Nevada, primarily including Native Americans and Hispanics. The program focused on the professional development of rural service providers, especially the following model components: (1) monthly home visits, (2) parent participation in the assessment of the child and the program development, (3) service coordination, (4) consultative therapies, (5) computer-based curriculum, (6) assessment of children using the Developmental Programming for Infants and Young Children scale, and (7) videotaped activity recommendations and consultations. Twenty-five families who participated in home-based services responded to a survey regarding the effectiveness of the curriculum materials developed by the Project. Their evaluations were highly positive. The project also created training modules in the following content areas: home visits, parent participation, computer-based curriculum, assessment of young children, and disability overview. (Contains 14 references.) (DB)

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HAPPY RURAL OUTREACH PROJECT
GRANT # H024D30048
FINAL REPORT

Nevada Department of Human Resources
Division of Child and Family Services
Early Childhood Services
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II. ABSTRACT

The Home Activity Program for Parents and Youngsters (HAPPY) Rural Outreach Project is designed to assist in the replication of the components of the HAPPY home-based service delivery model for rural Nevada providers.

The outreach project is a collaborative effort of the Nevada Departments of Education and Human Resources (lead agencies for IDEA, Parts B and H), University of Nevada, Reno: University Affiliated Programs, College of Education, College of Human and Community Sciences, and School of Medicine, rural Nevada Inter-Tribal Council Head Starts, rural Nevada Head Starts, rural community child care providers, and rural local education agencies.

As the State of Nevada struggles to develop a comprehensive service delivery system for children with developmental delays, ages birth through five years, cost-effective and beneficial home-based service delivery models must be available and provided by qualified personnel. This project proposes to provide adequate training for professionals and paraprofessionals to address this need. As a result, additional children and their families will benefit from services in their natural environments and in integrated settings provided by qualified personnel.

Targeted sites will include programs which serve underserved groups of children with developmental delays and members of cultural or racial minority groups, including Native Americans and Hispanics.

HAPPY is a family-focused model developed specifically to meet the service delivery challenges of rural Nevada. This proven model was originally developed through a Handicapped Children's Early Education Program (HCEEP) Demonstration Grant serving children ages birth through five years and their families. Currently services are funded with state revenue and serve children ages birth through two years and their families.

The model includes a computer-assisted assessment-based curriculum in combination with video technology to provide the following services for children with developmental delays and their families.

- Monthly home visits, quarterly progress reviews and semi-annual assessments by a Child Development Specialist. Home visits and assessments are videotaped for review of child progress by a multidisciplinary team, including families.

- Initial in-home evaluations, and regular video and telephone consultation with speech, physical, occupational therapists and other related service personnel. In-home therapy recommendations are provided based on the needs identified in the Individualized Family Service Plan.

- Recommendations of individualized early intervention and therapeutic activities to be done by the parents with their child in the home. Activities are provided to the family in both written and videotaped formats and are updated monthly based on actual child progress and parent input. All project staff are available throughout the month to discuss and modify, if necessary, these recommended activities.

Rural providers will be given the opportunity to receive professional development activities focused on seven components of the model. These include 1) home visits, 2) parent participation in the assessment of the child and program development, 3) service coordination, 4) consultative therapies, 5) computer-based curriculum, 6) assessment of children using the Developmental Programming for Infants and Young Children, and 7) videotaped activity recommendations and consultations. Based on the needs of each individual program and local community, providers may choose which components they wish to replicate.

The statewide outreach design includes a three-year plan to adapt existing training materials and technical assistance methods for professionals and paraprofessionals (printed and videotaped) which will assist in the replication of the components of the HAPPY service delivery model. The first year will focus on implementing the project in three rural sites (one program serving children ages birth through two years and two programs serving children ages three through five years.) Personnel at the replication sites will be involved in the implementation of the project components selected for replication and refinement of the training materials. The second and third year will focus on full implementation of the training including training in at least an additional nine sites, ongoing evaluation of the outreach training, dissemination and provision of technical assistance.

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IV. Goals and Objectives

The goal for the HAPPY Rural Outreach Project is as follows:

To assist in the development of additional local community-based and integrated service options as a part of a comprehensive service delivery system for children with developmental delays ages birth through five years and their families residing in rural areas. The HAPPY Rural Outreach Project will provide opportunities for rural providers in replication of the components of the HAPPY model.

OBJECTIVE 1: to field test and refine training materials during the first year at four rural Nevada pilot sites, including two sites serving children ages birth to two years and two sites serving children ages three through five years.

1.1 Present HAPPY Outreach model to Interagency Coordinating Council

1.2 Contract with University Affiliated Program, UNR for curriculum evaluation and identified trainers.

1.3 Purchase equipment and materials necessary for completion of Outreach objectives

1.4 Meet with administrators of all pilot sites to:
- a) identify HAPPY components to be replicated
- b) identify staff to be trained
- c) assess specific training needs per components chosen for replication
- d) schedule training sequence

1.5 Coordinate training schedule with trainers and pilot sites.

1.6 Provide individualized training to each pilot site.

1.7 Ascertain follow-up training needs of each pilot site immediately following initial training.

1.8 Provide on-site follow-up training to each pilot site as needed.

1.9 Refine training materials and methods with evaluation information gathered during the pilot phase (see Objective 4).

OBJECTIVE 2: to use the field-tested and refined training materials for an additional 10 sites throughout rural Nevada during years 2 and 3 of the grant period including a minimum of three sites with integrated settings.

2.1 With input from the ICC, identify priorities for determining additional 10 replication sites and select replication sites.

2.2 Meet with administrators of the replication sites to:
- a) identify HAPPY components to be replicated
- b) identify staff to be trained
- c) assess specific training needs
- d) schedule training workshops

2.3 Coordinate training schedule with trainers and replication sites.

2.4 Provide individualized training to each replication site

2.5 Ascertain the follow-up training needs of each replication site immediately following the initial training.

2.6 Provide on-site follow-up training to each replication site.

2.7 Continue to revise training materials and methods based on replication site evaluation and ICC evaluations.

OBJECTIVE 3: to provide ongoing technical assistance and support as needed to all sites

3.1 Ascertain continuing technical assistance needs of each replication site within a 2 month period after follow-up training.

3.2 Provide technical assistance to replication sites as needed.

OBJECTIVE 4: to document the effectiveness of the outreach training in Nevada

4.1 Work with the University Affiliated Program, UNR and the ICC to refine evaluation strategies.

4.2 Obtain and analyze evaluation data from all pilot and replication sites to refine the training methods and materials.

4.3 Obtain and analyze evaluation data from all replication sites regarding the expansion of service delivery models.

4.4 Obtain and compile numbers of children/families served with the HAPPY model from all pilot and replication sites, including child progress data.

4.5 Review timelines and project activities chart at quarterly intervals to ascertain timely and successful completion of objectives.

4.6 Prepare and distribute annual reports on project activities.

OBJECTIVE 5: to disseminate the products of this project state-wide and nationally.

5.1 Present an overview of the Outreach Project to at least 3 annual statewide conferences such as the Reno Association for the Education of Young Children Conference.

5.2 Prepare and distribute brochures nationally about the Outreach Project to University Affiliated Programs and upon request to other interested programs.

5.3 Present information about the Outreach Project to at least two national conferences.

V. Framework for the Project

The Home Activity Program for Parents and Youngsters (HAPPY), originally a three-year Handicapped Children's Early Education Program (HCEEP) demonstration project, developed an early intervention service delivery model to meet the needs of young children with disabilities ages birth through five and their families residing in rural Nevada. Since its inception, HAPPY has provided early intervention services to 95 children with developmental delays and their families. Currently, HAPPY provides services to children ages birth through two and their families and is supported by state revenue. In remote, rural areas where daily home- or center-based services would be too costly and impractical, HAPPY promotes the families as the teachers and the home as the learning environment. Program staff serve as consultants to the families to help identify children's present levels of development and provide strategies and activities tailored to the assessed needs and family routine.

With the use of a computer-assisted, assessment-based curriculum in combination with video technology, the critical components of the HAPPY model are:

- Home visits: monthly home visits are the forum for gathering parent direction regarding information and service needs, assessing child progress in the natural environment and recommending activities and techniques for child stimulation. Videotapes of each home visit are made to be viewed by therapists who cannot travel to the home each month and to be edited into individualized training tapes which include parent and/or teacher demonstrations of activities done during the home visit.

- Evaluation: all child evaluations are done with the parents present as a team member. Therapists visit the child at least once a year to assess the child in the natural environment and Child Development Specialists (CDS) evaluate the child quarterly. Between face-to-face interactions, therapists view videotapes of home visits to be aware of ongoing child progress. Therapists request CDS's to videotape specific child behaviors and parent demonstrations of recommended techniques.

- Individualized activities: Suggested activities to be done by the child's caregivers are provided monthly by the CDS and each therapist. The suggestions are provided to the family via individualized instructional videotapes or via "Home Activity Packages" which are developed using the computer-assisted curriculum.

- Service coordination: Child Development Specialist (CDS) works with the family to identify their information and service needs. The CDS helps families to identify needs and options; to access resources; and to interpret information.

- Transition: Children are exited from HAPPY based on resolution of the disabling condition or upon their third birthday. In either case, parents direct the planning of the transition out of HAPPY. When a child will be transitioned to a school district program, the transition planning begins six months in advance of the child's third birthday.

Unique application of technology allows the HAPPY service delivery system to provide these services statewide to rural Nevada. A description of these innovations follows.

Computer Assisted, Assessment-Based Curriculum:
Computer technology facilitates the generation of an individualized home curriculum for each child based on their current functional level. HAPPY has computerized and expanded an assessment-based curriculum developed by Dr. Rebecca Fewell. The assessment base of the curriculum comes from the Early Intervention Developmental Profile which has a high correlation coefficient with the Bayley Scales of Infant Development, Vineland Social Maturity Scale, REEL and clinical motor evaluation (Schafer & Moersch, 1981). The curriculum suggests approximately five to ten activities for each assessment item on the Early Intervention Developmental Profile (EIDP). The curriculum contains approximately 2,000 activities that can easily be incorporated into common daily routines (i.e. mealtime, bathtime, playing with others). The child development specialist and therapists select from these activities based on the child's most recent EIDP assessment data, parent input regarding the last home activities and their knowledge of the family, child, and home or child care environment. The therapist enters an assessment item number into the computer which corresponds to the skill to be developed, refined or generalized. The therapist chooses an appropriate activity from the choices displayed on the computer screen. Once all the activities are selected for the month's Home Activity Program, the computer program organizes them into daily routines and individualizes each activity by placing the child's name and proper gender pronouns throughout the text. The Home Activity Package is

printed and sent to the family. HAPPY program staff find most activities by accessing this computer-assisted curriculum. However, they also regularly write original activities to address a unique need of a child and/or family. These activities are then added to the software data base and can easily be accessed by staff for future monthly curriculum.

Video Technology:
HAPPY utilizes video to both enhance the presentation of the recommended home activities, and to reduce costly travel of Speech, Occupational and Physical Therapists to remote, rural areas. Therapists evaluate children at least once a year in the child's home. Through the use of videotape, therapists can maintain monthly knowledge of child progress and monitor caregiver implementation of recommended techniques. Videotape technology allows program staff to make individualized instructional tapes for each family in order to demonstrate the recommended early intervention activities. These tapes may include dubbed 'clips' from the home visit when a parent, sibling or teacher demonstrated a technique or may be an entirely original training tape made in the office. These videotapes are mailed, along with the computer generated home activities, to the families for their use in their home. HAPPY has VCR's to loan to the small percentage of families who do not have access to one. Families can then refer to the videotaped demonstration and written description of the activities throughout the month, and review them as often as needed. By relieving the need to pay for therapist travel time to rural areas (up to 8 hours of driving one way), program budgets are extended to provide services to more children and families. Also, by using a home-based service delivery model and videotape, the therapist can remain aware of the changing potentials and limitations of the home environment when making recommendations. Videotapes of home visits have also been useful tools for obtaining medical opinions from otherwise inaccessible professionals and for positively reinforcing parents' efforts by dramatically illustrating child progress when gains seems agonizingly slow. In addition to the individualized videotapes, HAPPY will also has an extensive library of commercially produced instructional videotapes to loan to families.

This use of in-home training via videotape has many advantages:

- families can more easily understand the written home activities when they are also presented visually and verbally;
- the families can control the time, pace, frequency, and repetition of instruction;
- the videotape is an effective means of communication and training for non-readers;
- the videotape has the capability of essentially bringing all HAPPY staff into the rural home throughout the month;
- videotapes take advantage of the non-threatening environment of the home for learning;

- videotapes promote total family involvement by being accessible to both parents and other family members at their convenience, regardless of work schedules; and

- videotapes make consistent training available to other significant child care providers.

VI. Description of the HAPPY Rural Outreach Project

The HAPPY Rural Outreach Project, under the administration of the Nevada Department of Human Resources and in cooperation with the Nevada University Affiliated Program will provide technical assistance and support to 12 sites to replicate all or portions of the HAPPY model. Rural Nevada Head Starts, rural Inter-Tribal Council (ITC) Head Starts and rural educational agencies have been identified and have requested outreach training with additional sites to be identified early in the grant period.

The first year will be devoted to hiring identified staff through the State of Nevada Personnel Department and developing contracts with University of Nevada Personnel System; semi-annual guidance of the objectives and activities of the outreach project by the Nevada Interagency Coordinating Council; the acquisition of supplies and equipment; implementing training with one rural Head Start Programs and two local educational agency replication sites; evaluating the training methods and materials; and revising the training methods and materials as necessary.

The second and third years will be devoted to providing individualized outreach training to personnel in at least nine additional sites; providing continuing technical assistance (on-site, by phone, or via computer modem-accessed telephone line) to all training sites; evaluating the effectiveness of the outreach training; and disseminating project results statewide and nationally.

Family input into the Project development and implementation of replicated HAPPY modules will be elicited in a two tier method. The State Interagency Coordinating Council which serves as the Outreach Project Advisory Board has parent members who will assist in guiding Outreach Project development. At each replication site, existing parent groups will be asked to participate in ongoing formative evaluation of the Outreach Project. Curriculum guidance and evaluation will also be provided by University staff.

The on-site follow-up training(s) at the replication sites will consist of additional learning opportunities in any previously covered subject as needed (to be identified in the post-workshop evaluation); the use of video equipment specific to that replication, if necessary; the installation and use of project software on replication site computer; and

the actual production of instructional videotapes and home curriculum for a replication site child. Additional follow-up, on-site training will be scheduled as indicated.

Continuing technical assistance will be provided to all sites. Technical assistance will be available at the replication site from the Project Coordinator, Child Development Specialists and contract staff. In addition, all project staff will be accessible by telephone, individualized instructional videotape, and mail. The provision of direct technical assistance regarding computer/software use will be available at any time via modem-accessed phone lines.

The existing HAPPY program serves as a model demonstration site for agencies in the process of implementing replication components. HAPPY program staff are called upon to assist in delivering training modules and to provide technical assistance as replication sites expand their service menus and serve additional infants, toddlers and preschoolers with developmental delays. HAPPY staff will provide service coordination to all eligible children and their families. HAPPY will continue to offer a full array of services to young eligible children ages birth through two and their families who are not enrolled in the replication sites.

The prime recipients are rural agencies including Head Starts, Inter-Tribal Head Starts and Local Educational Agencies and Day Care/Preschool Programs in Nevada. Local service agencies which serve areas which include Indian Reservations (the Paiute, Washoe and Shoshone tribes in Nevada) and significant Hispanic populations will be given priority consideration as replication sites. Head Start programs in particular have a racial and linguistic mix of staff. All replication sites must agree to identify participating staff and clients without regard to race, color, national origin, gender, age or disability. A minimum of three persons including administrators, professionals and paraprofessionals from each site will receive the training for a minimum total of 36 individual participants. With the provision of outreach training, each rural provider can directly expand service delivery options for eligible children and families. The replication of the project is also transferable to other States with rural populations which experience the challenges of expanding service delivery options for rural young children and their families.

The outreach training will include:

- a training needs assessment based on HAPPY components to be replicated and competencies for the related training modules;
- adaptation of training modules for twelve rural replication sites;
- follow-up training at the replication sites; and
- continuing technical assistance

A training needs assessment will take place at each rural training site once the model components to be replicated have been identified with the program administrator. The training curriculum will then be individualized based on the training needs of that specific agency.

The individualized outreach training will provide opportunities for Head Start and Local Educational Agency staff to observe the Outreach staff prepare instructional videotapes and monthly curriculum; to review videotapes of HAPPY home visits; and to obtain hands-on training in each of the training modules (See D.5. Curriculum and Course Sequence below).

Training sessions and materials will be evaluated by participants at the close of each session. Also, training participants will be evaluated regarding their mastery of the competencies related to the training. This post-training data will be used to modify training materials and to determine follow-up training needs. Through on-site visits every 2 months after training has been completed, the need for technical assistance will be determined.

CURRICULUM AND COURSE SEQUENCE

Participants at each replication site will be expected to become proficient in the competencies identified for the HAPPY components chosen for replication. The replication components are:

- home visiting strategies, family dynamics and cultural considerations: principles of family-centered, home-based services, evaluating the home environment, planning the home visit, family dynamics, values clarification, cultural sensitivity and communication, techniques for coaching parents, incorporating therapists' suggestions into the home visit.

- parental participation in the assessment of the child and program development: cooperative relationships, sharing information, empowering parents in the IFSP process, getting parent feedback;

- service coordination;

- consultative related therapies: roles of therapists and teachers, the team approach, communication and feedback in the team;

- utilization of the computer-assisted, assessment-based curriculum: installing software, selecting activities, printing the Home Activity Program, initializing and backing-up data diskettes;

- assessment of children using the EIDP: general assessment principles, overview of the EIDP, assessment materials; and

- utilization of video technology for ongoing home-based activities and consultation: mechanics of using a video camera and player/copier, creating training tapes, communication via videotape, confidentiality.

The actual training agendas will be tailored to each site based on components to be replicated and on the competency based needs assessment done at each site prior to training. Competencies, training materials, and training presenters have been identified

AGENCIES TO BE SERVED

There are 16 local educational agencies, six rural Head Start Programs and 11 rural Inter-Tribal Council (serving the Paiute, Washoe and Shoshone tribes) Head Start Programs which are potential replication sites. First year sites will include the Elko County School District and the Elko Little Britches Head Start Program for children ages birth to two years. As noted in APPENDIX B, cooperative agreements have been developed between the project lead agencies and the rural service providers. Please refer to APPENDIX E for a listing of participating agencies to be served, their locations and target populations. Two rural Head Start programs have recently established a program for children ages birth through two years that uses a center-based and home-based approach. All Head Start programs serve children ages three to five years, 14 with a center-based and home-based component and four with only a home-based component. All center-based Head Start programs make only three home visits a year. The 16 school districts provide varying service delivery models to children with disabilities. The majority of the school district offer center-based programs with home visits offered as needed or every one to two months. Only three school districts offer home visits as a primary service delivery option to families of young children with disabilities.

Year 1 ACCOMPLISHMENTS

The following project staff were hired to complete the outlined objectives of the grant. The staff positions had to be approved through the Nevada State Personnel System prior to being filled, causing the delay in hiring.

Wendy Whipple, Project Coordinator
October 18, 1993

Eileen Aragon, Program Assistant II
December 1, 1993

Objectives

Objective 1: to field test and refine training materials during the first year at four rural Nevada pilot sites, including two sites serving children ages birth to two years and two sites serving children ages three through five years.

1.1 The Project was presented to the Interagency Coordinating Council (ICC) at the April 22, 1994 meeting. Due to the delay in obtaining the staff positions, and the ICC schedule, April was the first opportunity to present the Project.

1.2 The contract with the University Affiliated Program, UNR for curriculum evaluation and trainers was completed on January 4, 1994. The UAP had an unexpected staff vacancy after the grant was written. The contract was unable to be finalized until they had their staff position filled. The UAP did two recruitment attempts before they found a qualified candidate, causing the delay in services.

During the time of October through March 1994, the modules were revised to meet Nevada's needs and a training needs assessment and evaluation tool were developed, along with a brochure.

1.3 The necessary materials and equipment were purchased during the timeframe of February through April, 1994. The timeline specified was not met, due to the late start up of grant activities, but did not affect the grant goals or accomplishments.

1.4 September 22, 1993 the Project Coordinator met with all directors of early childhood special education to explain the Outreach Training Project and offer training within their programs during the next three years.

1.5 The Project coordinator met with the Elko County School District, Early Childhood Special Education Administrator and Head Start Director on October 15, 1993 to discuss the project, identify training needs, appropriate staff and timelines.

Training needs surveys were sent to four different programs in Elko, ITC Head Start, school district, ITC Head Start in Owyhee and Little Britches Head Start on March 1, 1994 to determine individualized training needs.

1.6 Through telephone conversations and correspondence in March, training of the Computerized curriculum Module was scheduled with four replication sites: Elko County School District, Early Childhood Special Education, Little Britches Head Start, ITC Head Start in Elko and Owyhee for the month of April 1994.

1.7 Training was held on April 15, 1994 with the above-mentioned groups in Elko.

Two more training modules were identified as a training need, Home Visiting and Parent Participation and were scheduled for May 15, 1994.

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Training was competed on May 15 with Elko County School District, Little Britches Head start which serves children birth through two and well as four and five year olds, ITC Head Start Elko and Owyhee.

1.8 follow-up training needs were identified at the end of the training as follows: assistance with installing the HAPPY software onto program computers and future follow-up with use of the software package.

1.9 Follow-up training will be provided on an on-going basis as needed. The program Coordinator provided follow-up assistance to Little Britches Head Start and ITC Head Start in Elko related to the Computerized Curriculum. Technical assistance was provided to ITC Head Start on how to install the software package. Both programs will use the software for a couple of months, and will give feedback on any assistance they need.

Training sites for year two will be discussed at the next ICC meeting.

Objective 2: to use the field-tested and refined training materials for an additional ten sites throughout rural Nevada during years 2 and 3 of the grant period including a minimum of three sites with integrated settings.

2.1 -2.6 Year two goals.

2.2 Based on feedback received from the initial training, two modules are in the process of some minor revisions. This will be ongoing as training continues and feedback is received.

Objective 3: to provide ongoing technical assistance and support as needed to all sites.

3.1-3.2 Year two goals.

Objective 4: to document the effectiveness of the outreach training in Nevada.

4.1 The UAP has been involved in developing all of the evaluation forms and follow-up surveys to the project.

4.2 The evaluation data from the training in Elko was analyzed, the feedback was positive and modules are being modified to increase the interactive training component.

4.3 - 4.4 Year two and three goals.

4.5 Grant timelines are reviewed quarterly to assure completion of grant objectives. Adjustment have been made due to the late start-up of the first year activities. Year one training activities will be continued into year two, which should not affect year two goals.

4.6 The annual report for year one has been prepared and will be submitted per the required timeline.

Objective 5: to disseminate the products of this project statewide and nationally.

5.1 Did not accomplish in year 1.

5.2 The brochure was developed and has been disseminated to the UAP in Nevada and to University of Nevada, Reno faculty through a Western Regional Faculty Institute for Training. It has also been distributed to ICC Members, all special education directors statewide, Head Start Programs and ITC Head Start Programs, Division of Child and Family Service Child Welfare and Regional Resource councils. Brochures are available upon request and will continue to be distributed throughout the grant cycle.

5.3 Year two goal.

Year 2 ACCOMPLISHMENTS

Objectives

Objective 2: to use the field-tested and refined training materials for an additional ten sites throughout rural Nevada during years 2 and 3 of the grant period including a minimum of three sites with integrated settings.

2.1 Letters and project brochures were sent to all Early childhood special education directors and ITC Head Starts and rural Head Start programs statewide in September 1994. There has been turnover of special education directors and early childhood staff so each year of the grant is a re-education process about the project with new staff. Because these staff are new, they are also learning a new job and training is often not their first priority, so although they have expressed interest, it has been difficult to schedule training in the Fall due to program schedules and conflicts.

2.2 In November met with special education director for Churchill County School district and discussed the project. Needs assessment surveys were sent. Based on the results of the surveys, the following modules were requested: Parent Participation and Assessment.

In January contract the special education director for Lyon County and discussed the Project. Needs assessment surveys were sent and the following training modules were requested: Home Visiting, Assessment, Computer-Based Curriculum and Consultative Therapy.

In February contacted the Disabilities Coordinator for the six rural Head Start regions including the following rural communities: Fallon, Yerington, Hawthorne, Carson City, Winnemucca and Washoe County. Needs assessment surveys were sent and the following training modules were requested: Home Visiting and Assessment.

Through this process have realized it is taking approximately six months to actually coordinate training with programs. Now that contact have finally been established with the agencies who are interested in the training and needs assessments have been completed, training will be implements in the Fall without the organizational time lag.

2.3 Training was scheduled for Churchill County School District on April 21 and the district cancelled due to a conflict. Training was rescheduled for June 9th and the district cancelled again. Training will be rescheduled for the Fall of 1995.

Training is scheduled for Lyon County School District as follows: May 19th for Home Visiting and Assessment modules and May 26th for Computer-Based Curriculum and Consultative Therapy modules.

UAP staff met with rural school district staff in the southern portion of the State to review the Project. No training requests have been received at this time.

2.1 Assessment training was held in Elko at the Elko AEYC Conference on March 25th, there were five people in attendance from Elko and Battle Mountain. The Fallon Early Childhood Special Education staff received training in the Assessment Module on April 21, there were eight staff in attendance including teachers and therapists. Training of the Home Visiting Module was completed on April 28th with six Head Start rural agencies participating as outlined above. There were 33 Head Start staff in attendance. Lyon County Early Childhood Special Education staff and Head Start Staff receiving training on the Computer-Based Curriculum on May 26, 1995 in Yerington.

2.2 Met with the Director (this is a new staff person) of Little Britches Head Start in Elko March 24, 1995 to discuss follow-up training needs. Due to staff turnover and the Director being new, it was determined that additional training be presented to all of the Head Start staff including additional sites in Wells, Carlin and Jackpot. Needs assessment surveys were distributed and the following additional training were identified as potential needs: Home Visiting, Parent Participation and Assessment.

There is interest in additional follow-up training on the Computer-Based Curriculum. Training is scheduled for the Fall of 1995.

2.3 Met with the new Director of the ITC Head Start in Elko. Based on staff turnover, it was determined that additional training is needed. Three rural regional ITC Head Starts will participate including Owyhee, Elko and McDermitt. The following were identified as potential training needs: Home Visiting, Parent Participation and Assessment. Training will be scheduled for the Fall of 1995.

2.4 On-site follow-up training will take place in the Fall of 1995. Head Start and school district programs are not year round and sessions end in June for this school year.

2.5 Training modules continue to be revised based on feedback from training. Modules are also being individualized to meet training request of each individual program. A request that has been repeated by numerous Head Start agencies is an overview of disability issues. Despite the fact that Head Start is serving 10% of their population of children with disabilities, and in some cases much a much higher percentage, staff have not been well trained and have the need for more information. A Disability Overview Module was created to meet this need.

Objective 3: to provide ongoing technical assistance and support as needed to all sites.

3.1 Additional technical assistance was provided to Elko County School District in application of the HAPPY software in January. No additional technical assistance requests have been submitted at this time.

3.2 Additional training will be provided in the Fall of 1995 to Elko Head Start and ITC Head starts as follow-up activities. See 2.5 for details.

Objective 4: to document the effectiveness of the outreach training in Nevada.

4.1 The evaluation forms have been revised to match the content of the revised modules. This is an ongoing process as information in the modules is modified, added or deleted based on evaluations of training.

4.2 Evaluations of each training presented have been analyzed and that information is than used to evaluate the module content. This is an ongoing process.

4.3 A follow-up survey was developed to determine the extent to which training components have been implemented. The survey includes the following information: have curriculum materials been utilized as a resource since the training; are things being done differently with children and families as a result of the training, have

there been any changes noted in the children since implementation; has there been an increase in family support and participation and if so in what way; has their team implemented strategies and skills; how have those changes impacted families and children, how have those changes impacted the team process. There is also an evaluation of the overall effectiveness of the training, with a space for additional follow-up training requests.

4.4 Child progress data is related to the Computer-Based Curriculum only. A follow-up survey has been developed for program who have participated in this training to help families identify the extent to which the home activity programs have been helpful. The following information is requested: were activities appropriate, were they enjoyable, did they carryover activities from school to home, did they promote child development, and if so, how; are there any suggestions for the use of the home activities.

4.5 Project timelines and activities are reviewed on a quarterly basis to ensure completion.

4.6 Annual reports are completed and submitted in accordance with the grant guidelines.

Objective 5: to disseminate the products of this project statewide and nationally.

5.1 Training on HAPPY Outreach was presented at the Reno Association for the Education of Young Children conference in Reno on October 15, 1995, there were ten people in attendance. A workshop was presented at the Elko AEYC Conference in Elko, NV on March 25, 1995 there were 10 people in attendance.

5.2 Brochures on the project were disseminated at the Early Childhood Assistive Technology Conference on November 4-5 in Reno. There were 100 people present with the majority of the attendance coming from the rural counties of Nevada.

5.3 A presentation on the Project was made at the ACRES Conference in Las Vegas on March 16, 1995. There were 25 people in attendance from various States who were interested in rural models of service delivery. A poster session on the Project was presented at the Council for Exceptional Children, Division of Early Childhood Conference in Orlando in November of 1995. The display disseminated brochures on the project and provided samples of the modules and information on how other states could access additional information regarding the HAPPY model. A presentation on the HAPPY Outreach grant was made at the Paraprofessional Technical Assistance meeting sponsored by NEC*TAS at Snowbird, UT on June 27, 1995. There were 40 people in attendance from a variety of States that were interested in rural service delivery models.

Year 3 ACCOMPLISHMENTS

Objectives

Objective 2: to use the field-tested and refined training materials for an additional ten sites throughout rural Nevada during years 2 and 3 of the grant period including a minimum of three sites with integrated settings.

2.1 Reported to ICC on project status on December 14, 1995. Report was made to the ICC on the project status on February 16, 1996. Continued to strategize with ICC on how to reach programs that had not participated in the training. Southern Nevada was still an area that had not participated in training and it was determined that contacts should be made again with the southern counties. Report was made to the ICC at the June 5, 1996 meeting.

2.2 Met with Ely Head Start program to discuss training for the White Pine County area. Determined that training would take place in the spring of 1996. Contacted ITC Head Start in November and tentatively scheduled follow-up training for all ITC Head Start programs in the Spring of 1996. The ITC Head Start requested training on the Home Visiting and Parent Participation Modules at their all staff training days in August.

2.3 Confirmed training in Elko for August 29-30 on Parent Participation Module and Disabilities Overview. Confirmed October 16th training date for Home visiting Module in Elko with ITC Head Start and Little Britches Head Start. Scheduled computerized Curriculum training in Elko for January 12 and 26th for Head Start staff. Set training date with Ely Head Start for the Home Visiting Module for April. Invitations were sent to school district and tribal preschool program staff to participate in the April training in Ely.

2.4 Provided training on August 29-30 in Elko to Head Start staff from the Jackpot, Wells, Carlin and Elko programs including the infant project staff. The Parent Participation Module and Disabilities Overview was presented to 19 staff members. Provided training on October 16 for 15 Head Start and ITC Head Start staff on the Home Visiting Module and Disabilities Overview. Training was provided in Ely on April 19th, 1996 for the Head Start, Early Childhood Special Education staff, Title 1 preschool teacher and the Shoshone Tribal Preschool staff on the Home Visiting and Disabilities Overview Modules.

2.3 Determined that follow-up training was needed by the Elko Head Start program on the Computerized Curriculum and scheduled for January 1996. In January Elko Head Start rescheduled the training date to February for follow-up. Ely determined they had additional training needs regarding Parent Participation, training was tentatively scheduled for the Fall if the project had carryover authority. Elko school

district staff also requested follow-up training in the Fall if the project continued.

2.4 On-site follow-up had been provided based on program identified needs. Due to the staff turnover, it was determined by most sites that new staff training was needed versus follow-up since many of the original staff that had been trained were no longer with the program.

2.5 The HAPPY Computerized Curriculum software is based on an old DOS application that is almost obsolete due to the new Windows software that is being used by most programs. Meetings were held with the software developer and it was felt that the software needed to be updated to a Windows based software. A year and a half was spent on redesigning the HAPPY software. With the new design the software was improved by increasing the search and reporting capabilities of the program as well as adding approximately 500 new activities to the database. The software is now compatible with any Windows software and is based on a Windows 95 platform.

Objective 3: to provide ongoing technical assistance and support as needed to all sites.

3.1 Each training site had ongoing contact from the program with an offer of follow-up training as needed.

3.2 Provided follow-up technical assistance to Lyon County School District on the Computerized Curriculum in September 1995. Provided follow-up technical assistance to Elko Head Start regarding the Computerized Curriculum in November 1995.

Objective 4: to document the effectiveness of the outreach training in Nevada
See Evaluation Component.

Objective 5: to disseminate the products of this project statewide and nationally.

5.1 Information was presented at the Nevada Early Childhood Rural Conference in Elko on April 25-26 on the Outreach Project. The conference had 100 people in attendance from rural counties statewide representing early childhood special education, early intervention and Head Start programs.

5.2 Brochures were distributed as requested and appropriate.

5.3 A presentation on the HAPPY Outreach model was presented at the Native American Conference sponsored by NEC*TAS at Snowbird, UT on July 21, 1995, there were approximately 30 people in attendance from various States that were

interested in how the model could be utilized with Native American populations in rural areas. Attended the NEC*TAS technical assistance meeting in Houston on March 18-20 to gain assistance in marketing and presentation strategies to meet the goals and objectives of the project.

Year 4 - CARRYOVER ACCOMPLISHMENTS

Objective 2: to use the field-tested and refined training materials for an additional ten sites throughout rural Nevada during years 2 and 3 of the grant period including a minimum of three sites with integrated settings.

2.1 Reported to the ICC at the October 8, 1996 meeting. Strategized with Sharon Rogers, Chair of the ICC and the 619 Coordinator for the State Department of Education on how to reach the rural counties in southern Nevada. Sharon made some initial contacts with the Special Education Directors and follow-up contacts were made with two counties, Nye and Esmeralda. Reported to the ICC at the March 12, 1997 meeting. Reported to the ICC at the May 23, 1997 meeting.

2.2 .Contact was made with the special education directors in Nye and Esmeralda Counties and needs assessment surveys were sent to the staff of the Early Childhood Special Education programs. In October, a request was made for training for ITC Head Start staff on the Parent Participation Module for November 8th, 1996. The early intervention program

2.3 In November Ely requested that the Parent Participation Module be presented on January 30, 1997. First Step in the southern part of Nevada providing services to children in rural counties requested training on assessment and screening for January, 1997.

2.4 There were 15 staff in attendance. In September the HAPPY Outreach Project collaborated with the University of Oregon to provide Ages and Stages Questionnaire Screening Training to Head Start, school district, foster parent trainers, home health nurses, early intervention programs and social workers. This was a request from programs that provide screening and were interested in utilizing a family-centered screening instrument that corresponded with HAPPY Outreach Assessment training goals. There were 60 individuals trained from Washoe and Churchill Counties on September 12, 1996 and 40 individuals trained from Elko County on September 13, 1996. On November 7th the Parent Participation Module was presented to 38 ITC Head Start staff, staff represented Head Start programs in Elko, Schurz, Wadsworth, McDermitt, Owyhee and Duckwater Indian reservations. On January 10, 1997 training was provided to First Step early intervention staff on assessment and screening. There were 20 participants that included child development specialists, mental health counselors, and occupational and physical therapists. A training was provided for Ely on January 30, 1997 on the Parent

Participation Manual, other agencies represented were early childhood special education, and the Shoshone Tribe Preschool program. Provided an assessment training in Las Vegas on March 1, 1997 at the Nevada Statewide Early Childhood Conference, there were 49 people in attendance representing southern rural counties of Clark, Nye, Esmeralda and northern rural counties including Pershing and Churchill. Presented the Home Visiting and Disabilities Overview Modules to the Head Start and ITC Head Start program on March 17, 1997. 19 staff were present from the Elko, Owyhee, McDermitt and Duckwater Head Start programs.

2.5 Met with Elko Head Start program directors to determine follow-up training needs. They had large numbers of new staff in the program and determined they needed repeat training of the modules.

2.6 Provided follow-up training in Elko to Head Start staff on February 9, 1996 for four staff on the Computerized Curriculum Module at the Wells Head Start program. An additional eight staff from the Carlin, Jackpot and Elko programs were trained on March 8, 1996.

2.7 Continued to work on the Computerized Curriculum Module updating from a DOS to a Windows based software program.

Objective 3: to provide ongoing technical assistance and support as needed to all sites.

3.1 Contacted the ITC Head Start program and offered follow-up training statewide to the Head Start Staff in November 1996.

3.2 Follow-up technical assistance has been provided with each training site as requested. Therapists have been providing technical assistance to programs and families on Consultative Therapy in Elko, Ely, Fallon, Winnemucca, Yerington, Wells, Carlin and Lovelock. This consultation has been provided by contracted therapists who have expertise in the HAPPY model including speech pathologists, occupational and physical therapists.

Objective 4: to document the effectiveness of the outreach training in Nevada

4.1 Evaluation strategies were reviewed and rewritten several times during the course of the grant. Different strategies were employed to get programs to return the follow-up surveys including follow-up phone contacts, addressing surveys to individuals with return, self-addressed and stamped envelopes, and program reminders.

4.2 The program evaluations were reviewed after each training and if modules could be improved based on the feedback than adjustments were made. Each program had

identified individual needs in the training planning and those needs were addressed individually for each program without completing changing the training modules each time. Supplemental materials could be added, additional resources were made available, etc.

Objective 5: to disseminate the products of this project statewide and nationally.

5.1 Presented on the HAPPY Outreach project at the Nevada Statewide Early Childhood Conference on February 28, 1997. Presented to an audience of 30 early childhood staff statewide on the project and training that is available.

5.2 Brochures have continued to be distributed statewide at early childhood meetings, conferences, and were available through display stands at various early childhood agencies throughout the four years of the project.

VII. Methodological/Logistical Problems

1. One of the primary problems that the project faced was the amount of staff turnover that occurred within the programs that were participating. Administrative staff was replaced almost as frequently as program staff. Meetings would be held and commitments made for training and the next school year when programs were contact, the administration had changed. This required starting all over again with information, what the project could provide, etc. and created a time lag often of up to a year for actual training to take place.

   It was anticipated that over the three years of the grant training would be provided to program staff and technical assistance would be provided in assisting staff to implement aspects of the model. The reality was that staff were turning over on a yearly basis. Rather than providing technical assistance in implementing the model, the project was repeatedly called back to programs to train the new staff in the modules. It became clear during the course of the project that programs did not have the capability to adopt the HAPPY model in it's entirety. The UAP staff and Program Director in meeting with agencies determined that what was needed was training in best practice in the portions of the HAPPY model that programs were currently employing within their own practice. The modules that were requested most frequently were Parent Participation, Home Visiting and Computerized Curriculum. There were also requests for the Assessment module. Since these three modules encompassed key components of the HAPPY model, the focus was on best practice in home visiting and becoming more family centered. The Computerized Curriculum module was widely utilized throughout programs and many families that are not enrolled in HAPPY are now also accessing monthly Home Activity Packages as a result of the training.

2. The grant originally identified that there were would be seven modules developed and offered to training sites. Each program requested the module that was appropriate for their program needs through the use of a needs assessment survey. A clear pattern emerged from programs that there were four modules that were requested: Parent Participation, Home Visiting, Computerized Curriculum and Assessment. There were no requests for the Case Management module. It was determined that other agencies may provide case management services informally, but since it was not a mandated service, they did not feel the need for formalized training in that content area. The Video Technology module was also never requested. Many of the agencies that were trained did not plan to use videotaping in the same manner that the HAPPY model utilizes video. One of the reasons that it was not as critical to programs, was that programs were located within the rural communities where their client's lived and had direct access to the families and did not necessarily need to communicate via video technology. The programs that did utilize video felt they had the skills that were needed. The other module that was not utilized was the Consultative Therapy module. This module had been anticipated to be highly requested as resources in rural communities are generally limited. Again, programs indicated that they had developed their own creative problem solving in this area. Head Start programs that were one of our primary participants in the training had access to therapists through the early childhood special education programs within their communities. A problem solving strategy that was utilized to help programs implement some consultative therapy services was to contract with therapists that have worked with the HAPPY model to provide direct assistance to programs and families utilizing a consultative model. This training technique appeared to be successful and impacted programs, children and their families throughout White Pine, Churchill, Lyon, Pershing, Humboldt, and Elko counties.

   In response to program requests for individualizing training to meet program needs an additional training packet was created on Disabilities Overview. Many of the programs were working with children with disabilities in inclusive settings but their staff had little or no training on disabilities. Almost all of the Head Start programs that received training from the project requested training in this topic area. This was not written into the original grant application, but was added to meet the needs of rural programs.

3. It had been anticipated that programs throughout rural Nevada would be trained by the grant project. We made numerous attempts to include programs in the southern portion of the State, but were not very successful. One of the possible reasons for the lack of interest in the south is that the rural communities are much smaller and the early childhood programs are sporadic with a single staff person, who often is the kindergarten teacher as well. To develop training and coordinate between programs and counties becomes much more difficult especially when there can be as many as 200-300 miles in between towns. Contacts were made numerous times and training was provided through conferences in the south and with early

intervention programs. There are no rural Head Start programs in the southern portion of the State.

4. The other difficulty that was encountered was the amount of time it took between contacting programs and the actual training event. All rural programs in Nevada are off for the summer. The time period between May and September was basically not available for conducting training. This time was utilized in updating program materials, compiling training data and making contacts for the next year with administrative staff. Many training that was scheduled ended up being cancelled by the program due to conflicts with other program events or the unavailability of staff to attend due to staff shortages, lack of substitutes, etc. Training was offered at times that would best meet the needs of the program and staff, was flexible and by program request was delivered in four hour time blocks. The project had to be flexible and work around the other issues that agencies were dealing with and provide training when the agencies could fit it into their schedule.

5. Software redevelopment was also a challenge in the amount of time that it took to develop the HAPPY Computerized Curriculum in a Windows format versus a DOS format. The program virtually had to be rewritten and it took many months of testing and retesting to ensure that all of the program was functional. The anticipated timeline was six months and the reality has been a year and a half. However, the time spent was worthwhile as the final product is much more efficient and eliminated the problem of the software becoming obsolete in the next ten years.

6. An evaluation problem has been that programs do not return the follow-up surveys that have been sent to them. Different strategies have been implemented which included: sending surveys to individuals with self-addressed and stamped envelopes, sending packages to program managers and asking them to disseminate and collect, and telephone reminders. Through implementing all of these strategies we had some success, but did not receive surveys from all of the programs that were trained. One indicator that the training was successful was that programs requested follow-up training and other training modules.

VII. Evaluation Findings

1. Implementation of Model

To what extend do the procedures and practices at each replication site reflect the HAPPY model?

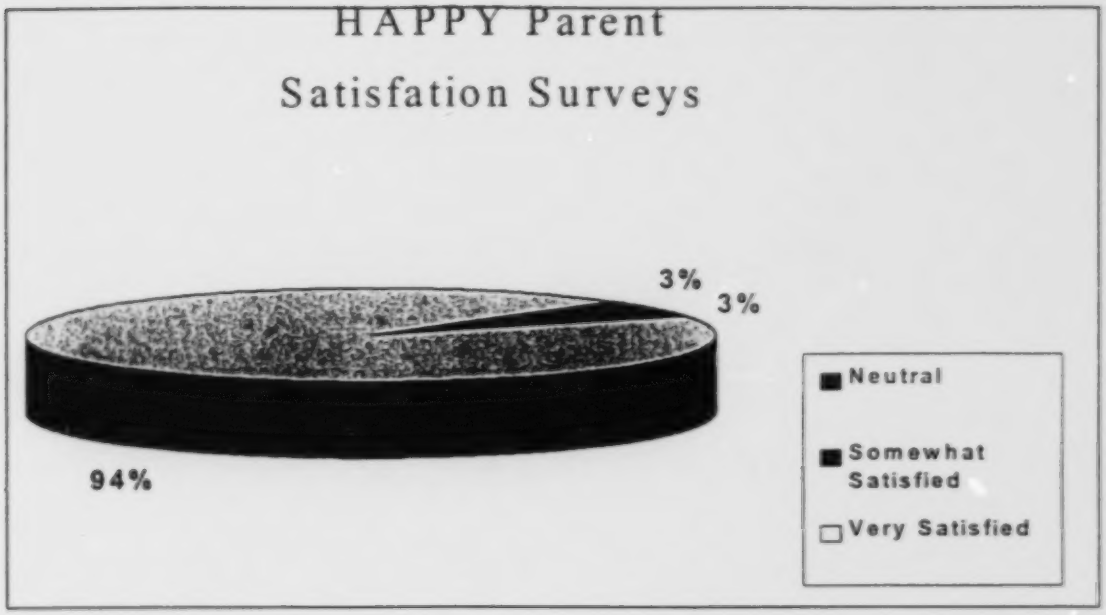
The training sites did not replicate the HAPPY Model exactly. Each program chose the components of the model that fit with their current service delivery methods. The areas that received training for replication were Home Visiting, Parent Participation and Computerized Curriculum.

Follow-up was provided with all programs utilizing the Computerized Curriculum to ensure that staff could utilize the software and understood how to use it appropriately with families. Each program has the ability to use the curriculum as an adjunct to their existing programming which allowed families to carryover activities from school to home. Each program that utilized the Computerized Curriculum had staff participate in hands on training and each staff member generated appropriate Home Activity Packages to demonstrate proficiency with the software. On site program managers are monitoring staff for appropriate activity content on an ongoing basis.

The Home Visiting and Parent Participation modules embrace a service delivery philosophy of family respect, family directed services delivery, treating families as partners in providing services for their children and incorporated best practices in the field. The training addressed that family centered service delivery is a process and that programs may be at different levels in the process. Each program identified where their program was in the process and began to work on making philosophical changes in how they work with their families. This is an ongoing process of change and as staff are replaced within programs there may be different levels of staff skill and ability to implement family centered practices. This is an ongoing process and there are not any programs, including HAPPY that feel they have fully accomplished this outcome.

Is the HAPPY model addressing the needs of families, children and service providers at each site?

Sixty nine families that have been impacted by the HAPPY service delivery model completed satisfaction surveys regarding the model. The categories for rating services were: very dissatisfied, somewhat dissatisfied, neutral, somewhat satisfied and very satisfied. There were no families that indicated dissatisfaction with services. 65 families indicated they were very satisfied, 2 indicated they were somewhat satisfied and 2 indicated they were neutral. The following graph depicts the ratings that were received:



The following are comments that families made on the surveys regarding the service delivery model:

Home Activity Packages

- The activities were very helpful
- The activities could be done on a daily basis
- The monthly packets were helpful and gave me lots of ideas to try
- Home Activity Packages gave us lots of ideas on how to help our child.
- Helped me to know what to work on between visits
- The practice activities were really helpful

Home Visiting

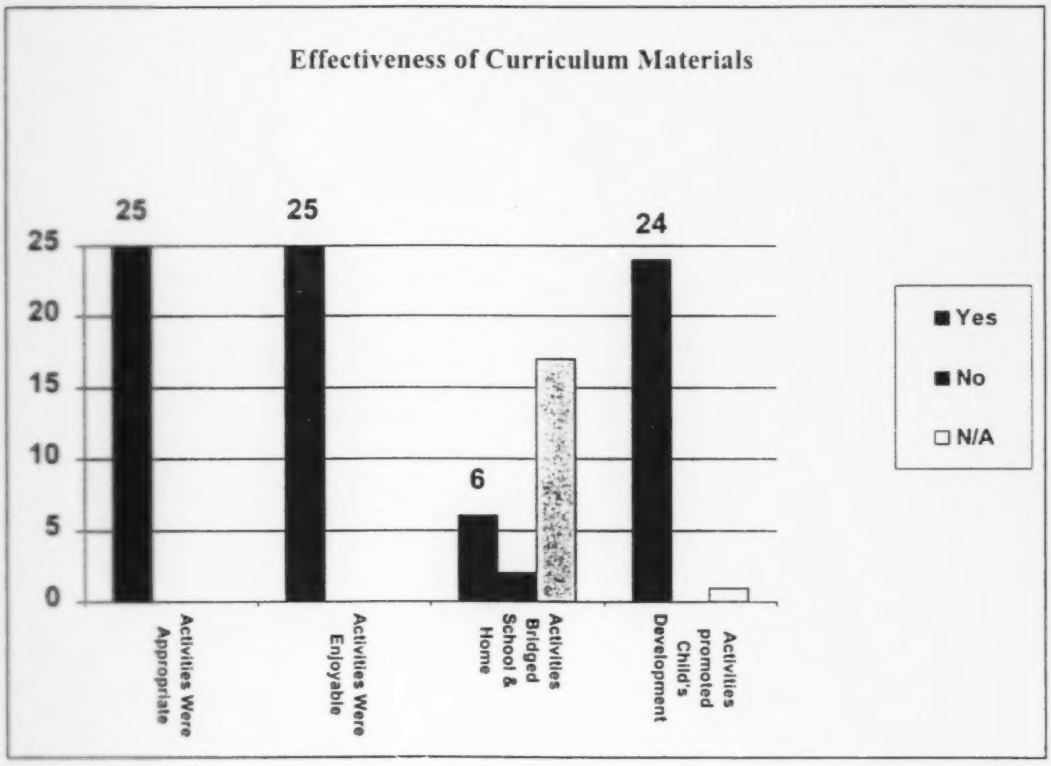
- Home visits were the perfect solution with my other children child care would have been an issue
- The program was sensitive to our needs and concerns
- Visits in the home were great because my child was more comfortable

Consultative Therapy

- Consultation from therapists helps me to know what to work on with my child
- Consultation to day care helped ensure consistency with programming

How effective and useful are the curriculum materials?

Twenty-five families that participated in home-based services responded to the Parent Satisfaction Survey regarding the effectiveness of the curriculum materials. The following table indicates how family's rated the activities in four categories. Overall families indicated that the activities were very helpful and they felt that participation promoted their child's development.



The following are comments that families made regarding the Home Activity Packages:

- Improved expressive language skills and self help skills such as dressing.
- She is sitting and standing up better.
- This has helped our family understand the options available to our son, and how to care for him the best that we can.
- Helps my child to develop new moves, have fun, and learn new things.
- Jasmine has learned to eat properly and her gross motor skills are improving tremendously.
- He's gaining a little bit of weight and vomiting is a little bit controlled.
- Promotes family interaction, games stimulate speech and development.

- We were given activities designed to the areas needed primarily in development of motor skills, all given were helpful.
- The activities that were introduced to Justin are helping him with his development of his motor skills, he is doing great.
- We have seen an increase in verbal language and stronger fine motor skills.
- They seem to be good activities that will help him.
- The activities help with her motor skills and some help with her vision.
- Samantha is doing extremely great with her development. I feel that if it wasn't for the HAPPY team, she'd still be much further behind.
- Everything they have suggested has helped our child. They are very helpful.
- I am better aware of what my child should be doing at his age, and I am able to stimulate him with the activities that I have learned.
- The copycat activity has helped to improve Chance's vocabulary he has learned 2 more words since last visit
- They have all been very helpful.
- Helped her to position her self correctly to roll over on to stomach and to back and sit up on her own.
- Helping him relearn to eat.
- Strength, Motor Skills Development, learning to crawl, and walk.
- He is trying to speak more.

How has participation in replicated components of the HAPPY model effected each child and his or her family?

Child progress across six developmental domains (perceptual/fine motor, cognition, language, social/emotional, self-care and gross motor) was assessed semi-annually in the home during a home visit using the Early Intervention Developmental Profile. All data has been converted and analyzed as developmental age equivalents (DA's).

Preliminary child progress data has been analyzed for 23 randomly selected children who had been participating with the Computerized Curriculum, Home Activity Packages for at least one year. Data used for this analysis was obtained after 12 months of intervention. Children of all disabilities received Home Activity Packages. The 23 represented in this data analysis have the following diagnoses:

Child 1: Erb's Palsy, birth injury

Child 2: Failure to thrive, language delays

Child 3: Status post bilateral hemorrhage, developmental delays

Child 4: Twin survivor of triple birth, 23 weeks gestation, developmental delays

Child 5: 37 weeks gestation, developmental delays, no known diagnosis

Child 6: 2 weeks gestations, poor social environment, speech delays

Child 7: 33 weeks gestation, developmental delays, specifically language and motor

Child 8: 28 weeks gestation, developmental delays, no known diagnosis

Child 9: Twin 25 weeks gestation, significant developmental delays, prenatal exposure to gonorrhea

Child 10: Twin 25 weeks gestation, developmental delays, prenatal exposure to gonorrhea

Child 11: Twin survivor of a triple birth, mixed developmental delays

Child 12: Facial anomalies, Fetal Alcohol Syndrome, developmental delays

Child 13: Twin born at 25 weeks gestation, developmental delays

Child 14: Twin born at 30 weeks gestation, 28 days in NICU, "Twin Speech"

Child 15: twin at 25 weeks gestation, developmental delays

Child 16: Twin born at 30 weeks gestation, 28 days in NICU, speech delay, "Twin Speech:

Child 17: Ectopic anus, perinatal drug exposure, Fetal Alcohol Syndrome, developmental delays, foster care due to abuse and neglect

Child 18: 28 weeks gestation, developmental delays, apnea

Child 19: Trisomy 22, cleft palate, multiple facial anomalies, speech delays, general developmental delays

Child 20: Cerebral Palsy, hemiplegia, developmental delays

Child 21: Down syndrome, developmental delays

Child 22: No known diagnosis, global developmental delays

Child 23: 37 weeks gestation, viral meningitis at three weeks, mixed developmental delays

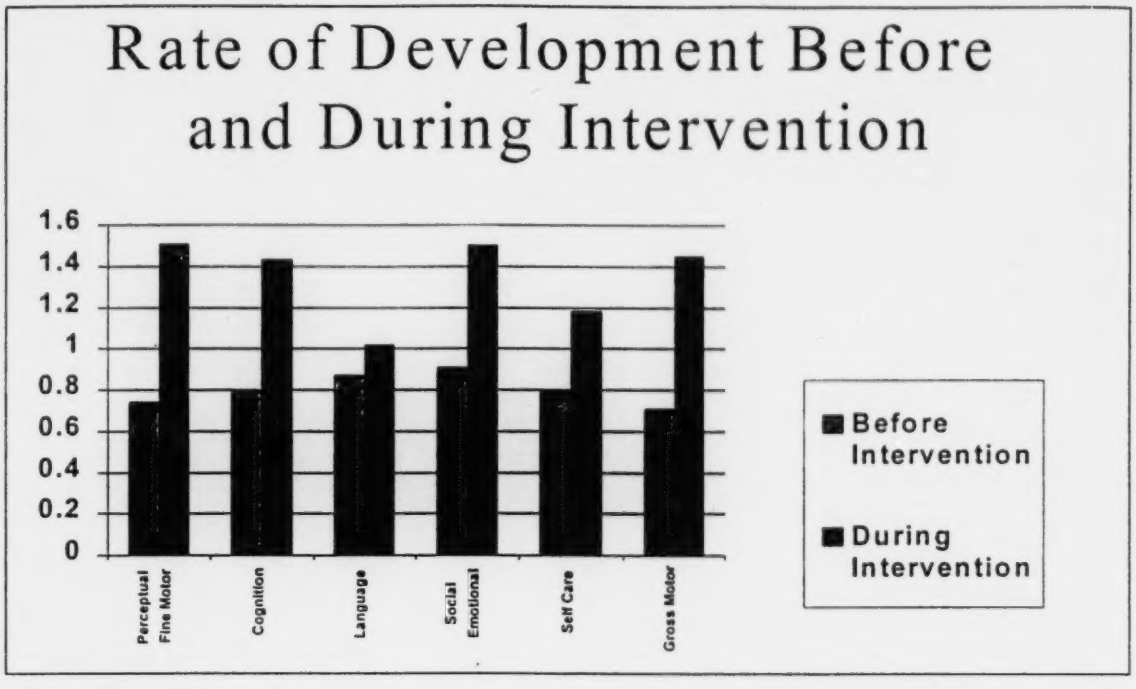
Child progress was calculated to show the effect of participation through Home Activity Packages. Child progress was analyzed by comparing average pre-test developmental quotients to average Proportional Change Index (PCI) scores across each developmental domain (Wollery, 1983). This analysis compares a child's progress during intervention to his progress prior to intervention.

The pre intervention developmental rates are calculated by dividing the child's pre-test developmental age by his/her pre-test chronological age. The developmental rate attained during intervention (PCI) is calculated as illustrated in the following formula:

$$\frac{\text{developmental gain}}{\text{time in intervention}} \div \frac{\text{pre-test developmental}}{\text{pre-test chronological age}}$$

The PCI calculation allows comparisons of program efficiency across children with varying levels of severity of handicapping condition, different chronological ages and different developmental abilities. As demonstrated by the comparison of the pre intervention developmental rate with the Proportional Change Index across all domains, an accelerated developmental rate is indicated, in many of the cases depending on severity of the disability, with program participation.

The following graph shows this comparison per developmental domain using the average developmental growth rates of 23 children.



See Appendix A for individual development rate charts on all 23 children.

2. **Expansion of Service Options**

The following is a summary of the programs that participated in HAPPY Outreach training, the number of children they serve and whether children received services in a center-based or home-based program. Many of the Head Start programs are primarily center-based but include a home visit component to their services.

HAPPY REPLICATION SITES

Programs	Ages Served	Number Served	Home Based	Center Based
Elko Head Start	3-5	93		
Elko Head Start	0-3	9	9	
Wells Head Start	3-5	17		17
Jackpot Head Start	3-5	18		18
Carlin Head Start	3-5	17		17
Ely Head Start	3-5	54		
Ely Head Start	0-3	6	6	
CSA Head Start (Fallon, Yerington, Carson, Hawthorne, Winnemucca, Washoe Co.)	3-5	425	40	405

Programs	Ages Served	Number Served	Home Based	Center Based
ITC Head Start (Wadsworth, Schurz, Owyhee, Elko, Yerington, *Fallon, McDermitt, Carson, Nixon, Gardnerville, Lovelock and Washoe Co.)	3-5	291		291
School District				
Fallon	3-6	97		97
Yerington	3-6	65		65
Elko	3-6	50	10	40
Ely	3-6	24		24
Shoshone Tribal Preschool	3-4	4		4

*The Duckwater Indian Reservation is now planning to implement a home visiting program.

Reports were made by participating programs on how HAPPY training impacted them directly and indirectly. The following is a summary of comments:

- Observation skills increased
- More awareness in working with families and better communication skills
- Better understanding of family issues around a special needs child
- More receptive to providing services to children with disabilities
- The benefit of having collaboration opportunities with other agencies
- The ability to use the materials as an ongoing resource and train new staff as there is turnover
- The availability of the Computerized Curriculum for all children and families
- More positive with parents and an increase of parent volunteers as a result
- Helped me remember that parents are the primary teachers and we need to learn more from them
- Parents seem more comfortable in our center
- We are better able to provide parents with information
- The ability to use open ended questions with parents and children
- I have a better respect for parents and they respect us more too
- View parents as partners
- I have become a better listener and respect the parent's comments
- I now try to include parents in each step
- I now involve parents in all aspects of their child's education and have implemented parent/teacher conferences
- I am more aware of my body language

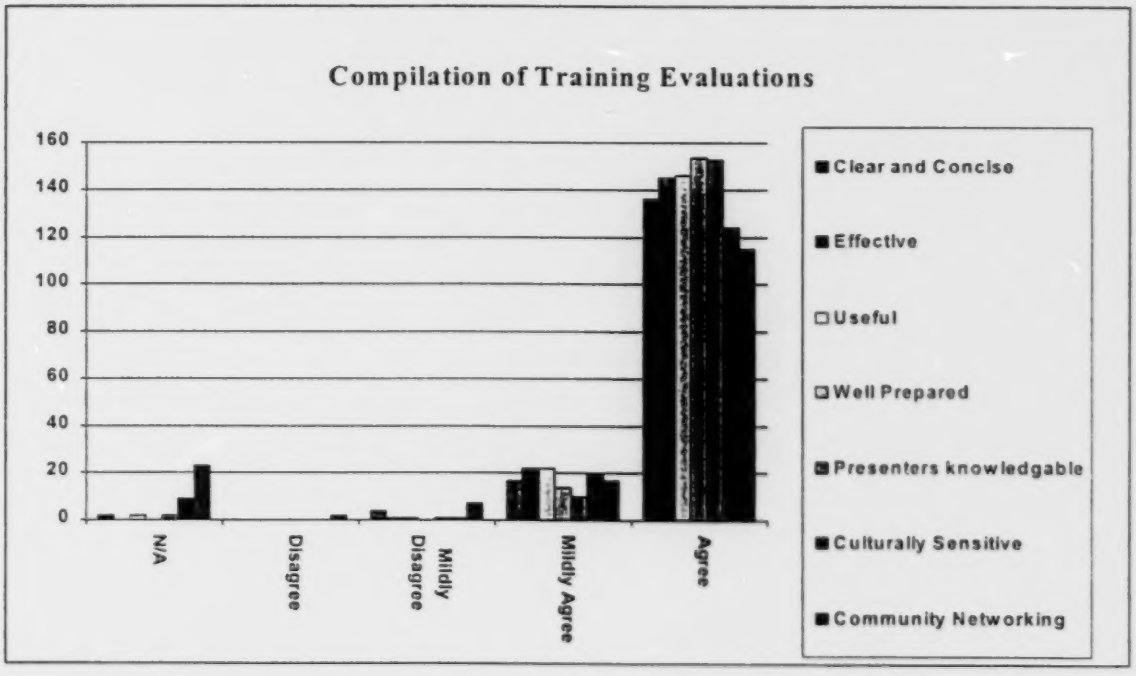
- I am better able to attend to parent's needs and have learned a lot from parents at the home visit before children start school
- Home visits have become easier and positive

There is no concrete data to confirm that programs have become more family-centered, but programs overall have the perception that they have become more family-centered, and per program report this has positively affected their relationship with children and families enrolled in their programs.

3. **Training**

How effective were training presentations and materials?

Evaluations were completed by all participants after each training. The following graph shows how all training was rated overall by participants:



Participants in the training evaluated their knowledge on training modules prior to the training and after the training. The following graph indicates participant's increase in topic knowledge after the training.

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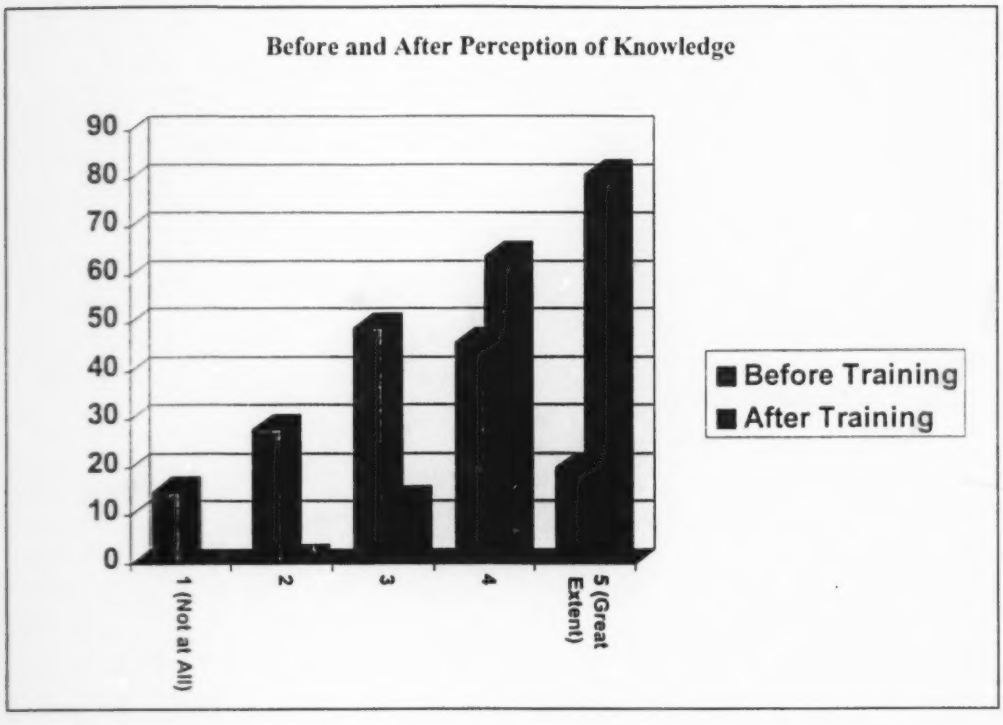

The following data tables summarize how each training module was rated:

COMPUTERIZED CURRICULUM

QUESTIONS	N/A	Disagree	Mildly Disagree	Mildly Agree	Agree
OBJECTIVES CLEAR/CONCISE				3	24
MATERIALS EFFECTIVE				1	25
CONTENT USEFUL/PRACTICAL				1	25
PRESENTERS PREPARED/ORGANIZED					26
PRESENTERS KNOWLEDGEABLE	1			1	24
CULTURALLY SENSITIVE MANNER	8			3	15
NETWORK HELPFUL	3			3	21

Scale of 1 to 5 with: 1 = not at all 5 = great extent

	1	2	3	4	5
BEFORE TRAINING	11	7	6	1	
AFTER TRAINING		1	4	10	11

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Most Helpful/Useful Information was:

- all,
- able to use program without taking up too much time,
- hands on,
- HAPPY Activities,
- computer curriculum information and practice, ease of the program
- Information on curriculum adaptations,
- step-by-step walk through and hands on,
- how to individualize for each child,
- learning how to use the computer

Would like more information about:

- how to contact Wendy for Technical Assistance,
- developing and adding our own activities

Technical Assistance:

- MORE HANDS On,
- IBM compatible computer,
- assistance setting it up and loading software

DISABILITIES OVERVIEW

QUESTIONS	N/A	Disagree	Mildly Disagree	Mildly Agree	Agree
OBJECTIVES CLEAR/CONCISE	1				9
MATERIALS EFFECTIVE					10
CONTENT USEFUL/PRACTICAL					10
PRESENTERS PREPARED/ORGANIZED					10
PRESENTERS KNOWLEDGEABLE					10
CULTURALLY SENSITIVE MANNER					10
NETWORK HELPFUL	3			1	6

Scale of 1 to 5 with: 1 = not at all 5 = great extent

	1	2	3	4	5
BEFORE TRAINING		2	5	2	1
AFTER TRAINING				4	5

Most Helpful/Useful Information Was:

- warning Signs of disabilities,
- learn more about how to apply my skills,
- adapting group activities for disabled children,
- the disabilities booklet,

- handouts, a lot was common sense,
- new ways to do activities,
- involvement of kids with different developmental levels

Would Like More Information About:
- warning signs of disabilities,
- activities to do with severely handicapped children,
- how to involve children,
- would like to know more about local resources in Winnemucca,
- Nutrition,
- sign Language,
- adaptive PE

Technical Assistance:
- provide Videos,
- would like to have all ITCN staff receive this training

HOME VISITING

QUESTIONS	N/A	Disagree	Mildly Disagree	Mildly Agree	Agree
OBJECTIVES CLEAR/CONCISE	1		4	6	56
MATERIALS EFFECTIVE			1	11	60
CONTENT USEFUL/PRACTICAL	2		1	14	60
PRESENTERS PREPARED/ORGANIZED				6	66
PRESENTERS KNOWLEDGEABLE	1			5	66
CULTURALLY SENSITIVE MANNER	1		1	11	59
NETWORK HELPFUL	6	1	6	11	47

Scale of 1 to 5 with: 1 = not at all 5 = great extent

	1	2	3	4	5
BEFORE TRAINING	4	8	22	25	10
AFTER TRAINING			8	27	35

Most Helpful/Useful Information Was:
- family dynamics helping parents plan for visits,
- information on disabilities,
- videos,
- a voice of experience opening our eyes to different approaches.
- handouts very useful,
- sharing information and ideas,
- information on home visits,
- home visit considerations and techniques,

- teacher roles.
- what matters most to parents when working with professionals,
- video what not to do on a home visit,
- putting yourself in parent's shoes,
- videos role playing,
- communicate with families,
- family involvement,
- preparation for home visits,
- guidelines,
- all,
- cultural differences,
- checklist,
- how to conduct,
- positive attitude, respect,
- practical info for family acceptance,
- grief

Would Like More Information About:

- behavior management,
- parent involvement,
- how to encourage parent participation,
- preparing for visits,
- presentation of self,
- what to tell a parent if their child is misbehaving,
- actual home visit with disabled child,
- appropriate practices,
- see a video of a good home visit model,
- exact way to carry out home visits,
- activities,
- cultural differences,
- specific disabilities,

Technical Assistance:

- more training,
- keeping families engaged,
- on-site assistance w/specific disabilities
- Elko resource library with the latest information available,
- better understanding of families with children with disabilities,
- to involve parents in this type of work shop,
- would like to have this annually, resources in our community

PARENT PARTICIPATON

QUESTIONS	N/A	Disagree	Mildly Disagree	Mildly Agree	Agree
OBJECTIVES CLEAR/CONCISE				7	45
MATERIALS EFFECTIVE				9	48
CONTENT USEFUL/PRACTICAL				6	49
PRESENTERS PREPARED/ORGANIZED				8	49
PRESENTERS KNOWLEDGEABLE			1	3	51
CULTURALLY SENSITIVE MANNER				5	38
NETWORK HELPFUL	10	1	1	1	40

Scale of 1 to 5 with: 1 = not at all 5 = great extent

	1	2	3	4	5
BEFORE TRAINING		10	15	17	9
AFTER TRAINING				23	29

Most Helpful/Useful Information Was:

- information regarding parent involvement,
- cultural differences,
- positive aspect of collaboration
- handouts and video
- how to understand different family styles
- the uniqueness of families
- how to disagree with families and have it be okay
- useful information on implementation of guidelines in gaining parent partnerships;
- more effective methods and principles of communicating with co-workers and families,
- communication skills, how to talk to parents more effectively

Would Like More Information About:

- practical application,
- more depth about communication skills practice,
- confidentiality

Technical Assistance:

- support from administration, co-workers and parents

BEST COPY AVAILABLE

ASSESSMENT

QUESTIONS	N/A	Disagree	Mildly Disagree	Mildly Agree	Agree
OBJECTIVES CLEAR/CONCISE				1	2
MATERIALS EFFECTIVE				1	2
CONTENT USEFUL/PRACTICAL				1	2
PRESENTERS PREPARED/ORGANIZED					3
PRESENTERS KNOWLEDGEABLE				1	2
CULTURALLY SENSITIVE MANNER				1	2
NETWORK HELPFUL	1			1	1

Scale of 1 to 5 with: 1 = not at all 5 = great extent

	1	2	3	4	5
BEFORE TRAINING		1	1	1	
AFTER TRAINING			1	1	1

Most Helpful/Useful:

- Good assessment tips,
- wide range of assessment ideas,
- everything,
- family involvement specifics for assessment

Would Like More Information About:

- Computer Curriculum,
- more info on linking systems

Technical Assistance:

- NONE - Handouts are a great reminder

IX. Project Impact

The grant created training modules in the following content area:

- Home Visits
- Parent Participation
- Computer-Based Curriculum
- Assessment of Children Using the Developmental Programming for Infants and Young Children
- Disability Overview

Training modules are available through:

State of Nevada
Department of Human Resources
Early Childhood Services
3987 S. McCarran Blvd.
Reno, NV 89502

The HAPPY Computerized Curriculum is being used throughout the State within a variety of programs including: early intervention programs, Head Start programs and early childhood special education programs through local school districts. The HAPPY modules have been disseminated through training and have been used on an on-going basis by programs to train new staff. All of the programs that participated in the HAPPY Outreach training have a collaborative working relationship with the HAPPY program in the rural communities, and have access to ongoing support through existing HAPPY staff.

X. Future Activities

The HAPPY Computerized Curriculum is still available for dissemination statewide and programs will continue to utilize the software after the grant terminates. Ongoing support is available to programs in implementing components of the HAPPY model by existing HAPPY staff.

The final report of the HAPPY Rural Outreach Project has been submitted to ERIC.

BIBLIOGRAPHY

Early Intervention Project, Nevada Departments of Education and Human Resources (1987). Estimated early intervention needs for Nevada's children ages birth through five.

Hayden, A., & Haring, N. (1976). Early intervention for high risk infants and young children: Program for Down's syndrome children. In T. D. Tjossem (Ed.), Intervention strategies for high risk infants and young children. Baltimore: University Park Press.

Home Visiting: A promising early intervention strategy for at-risk families. (GAO/HRD-90-83, July 11,1990).

Moore, M., Fredericks, H. D., & Baldwin, V. (1981). The long-range effects of early childhood education on a trainable mentally retarded population. Journal of the Division of Early Childhood, 4, 94-110.

Moran, D. R. & Whitman, T. L. (1985). The Multiple Effects of a Play-Oriented Parent Training Program for Mothers of Developmentally Delayed Children. Analysis and Intervention in Developmental Disabilities, 5, N.1-2. 73-96.

Nevada Early Childhood Special Education Programs: Building Nevada's future (1992). Carson City: Nevada State Department of Education.

Perkins, C. A. & Walter, M. (1987). The Home Activity Program for Parents and Youngsters: An Innovative Home-Based Service Delivery Model for Rural Young Children with Handicaps and Their Families. Presentation at the American Council for Rural Special Education Conference Proceedings.

Rogers, S. J. & D'Eugenio (1981). Developmental Programming for Infants and Young Children. Press, Ann Arbor: University of Michigan Press.

Smith, B. J. (1982). Policy Considerations Related to Early Childhood Special Education. Series Paper No. 1 in J. Ballard, B. Ramirez, and F. J. Weintraub (Eds.), Special Education in America: Its Legal and Governmental Foundation Series. Reston, VA: Council for Exceptional Children.

Strain, P. S. (1981). Conceptual and methodological issues in efficacy research with behaviorally disordered children. Journal of the Division for Early Childhood, 4, 111-124.

Swan, W. W. (1981). Efficacy studies in early childhood special education: An overview. Journal of the Division for Early Childhood, 4, 1-4.

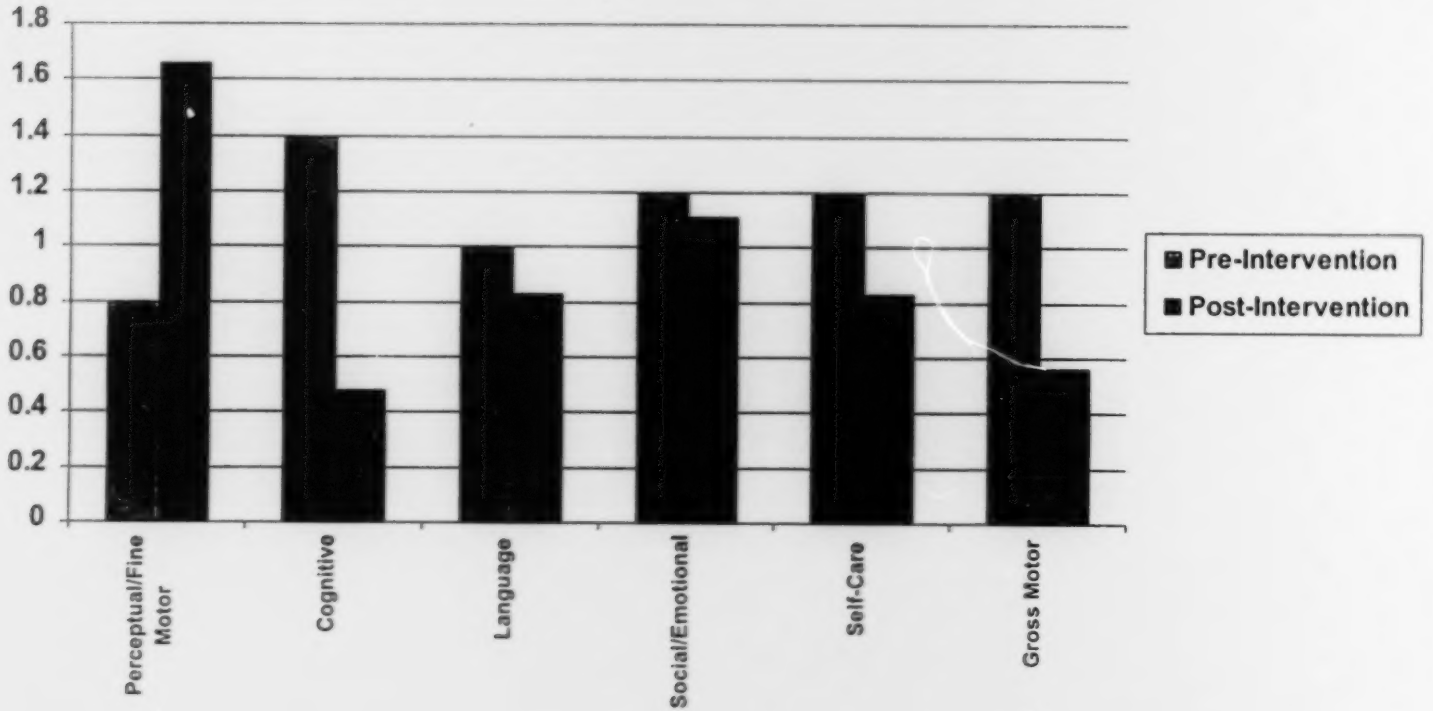
Utah State University, Exceptional Child Center. Early Intervention Research Institute Proposal (Castro, G., & White, K.). Response to RFP 82-040 June 25, 1982 (Efficacy and cost effectiveness of early intervention for handicapped children).

Vadasy, P. F., Fewell, R. R., Meyer, D. J., Schell, G., & Greenberg, M. T. (1982, December). Involved parents: Characteristics and resources of fathers and mothers of young handicapped children. Paper presented at HCEEP/DEC Annual Conference, Washington, D.C.

Wood, Mary E. "Cost of Intervention Programs." Early Intervention for Children with Special Needs and Their Families, Westar Series Paper No. 11, 1981.

APPENDIX A

Child 1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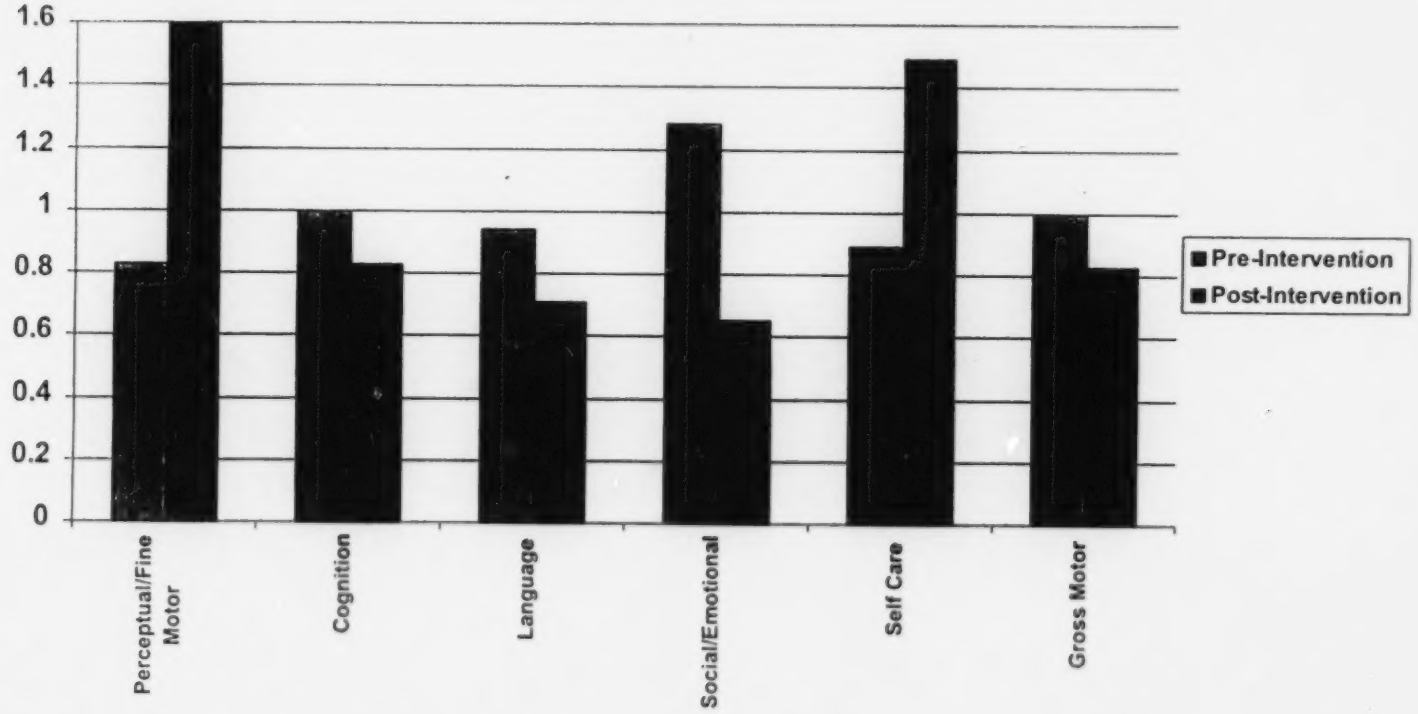
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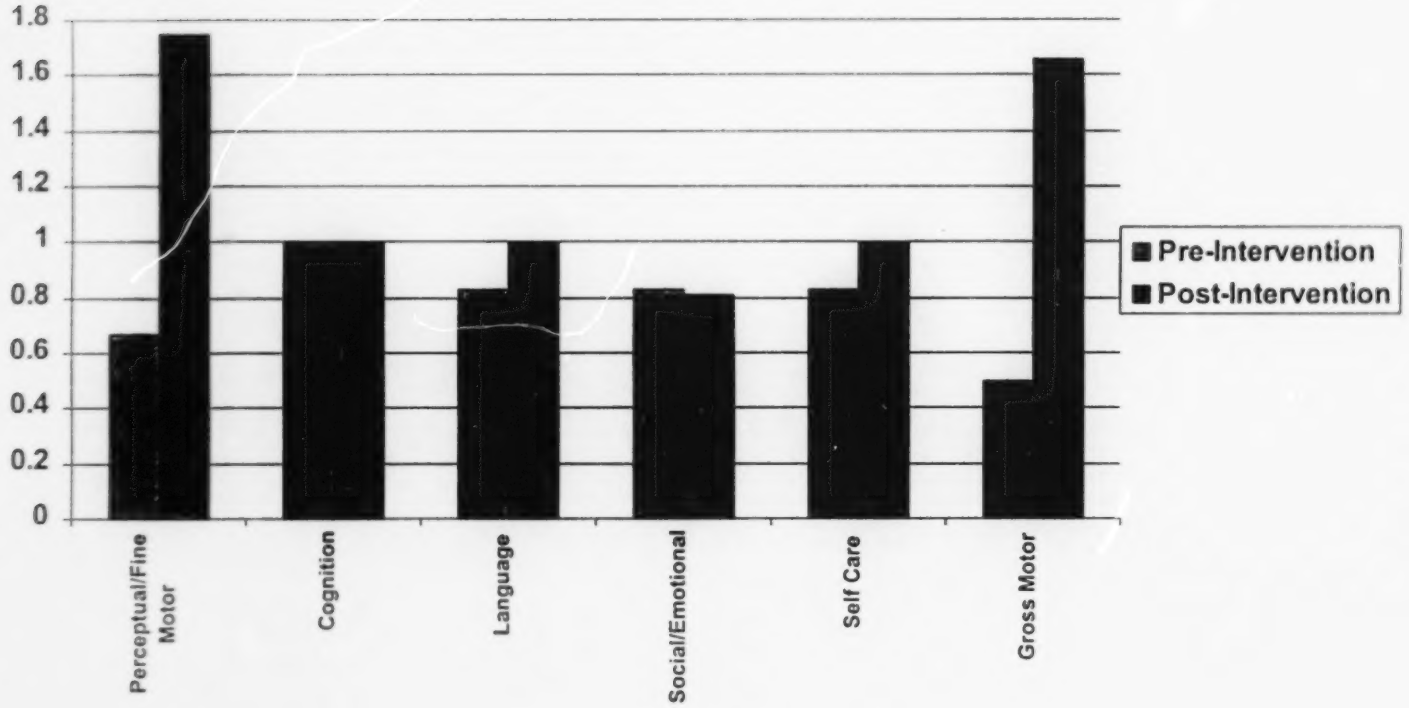
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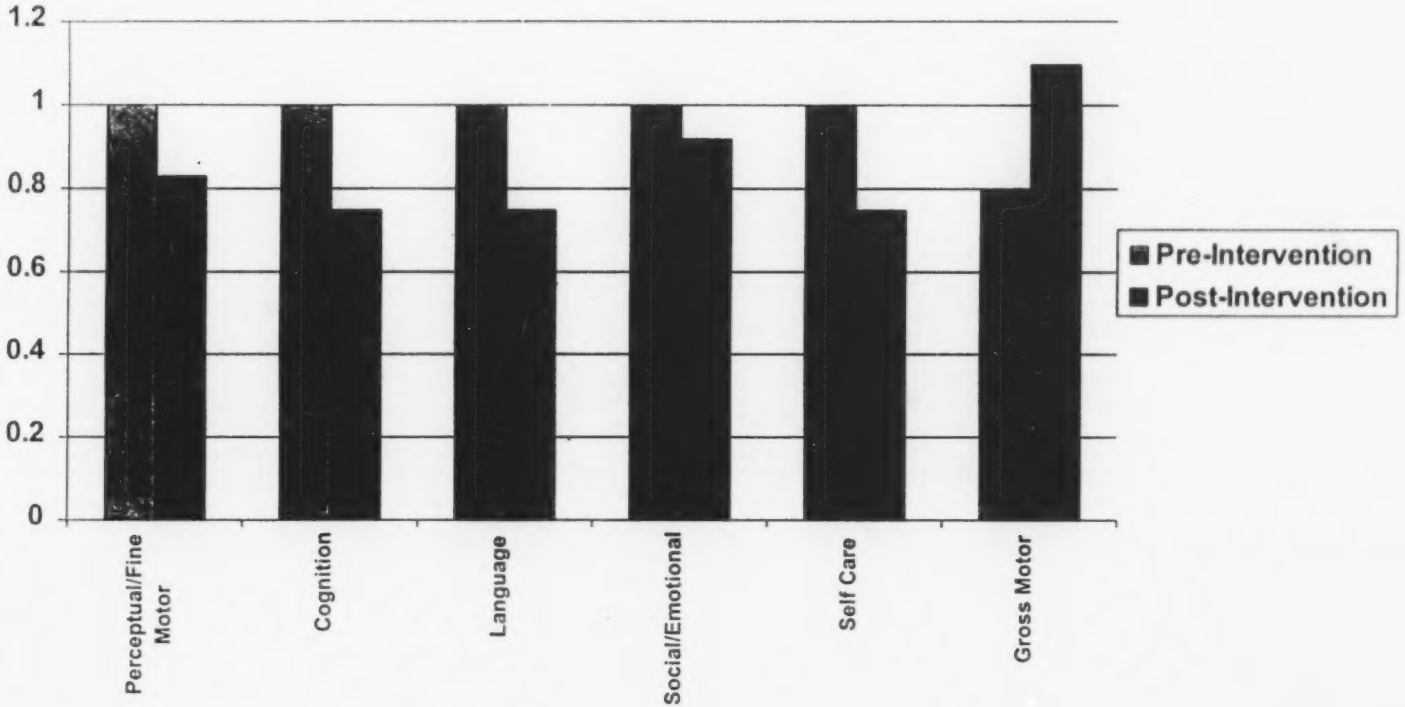
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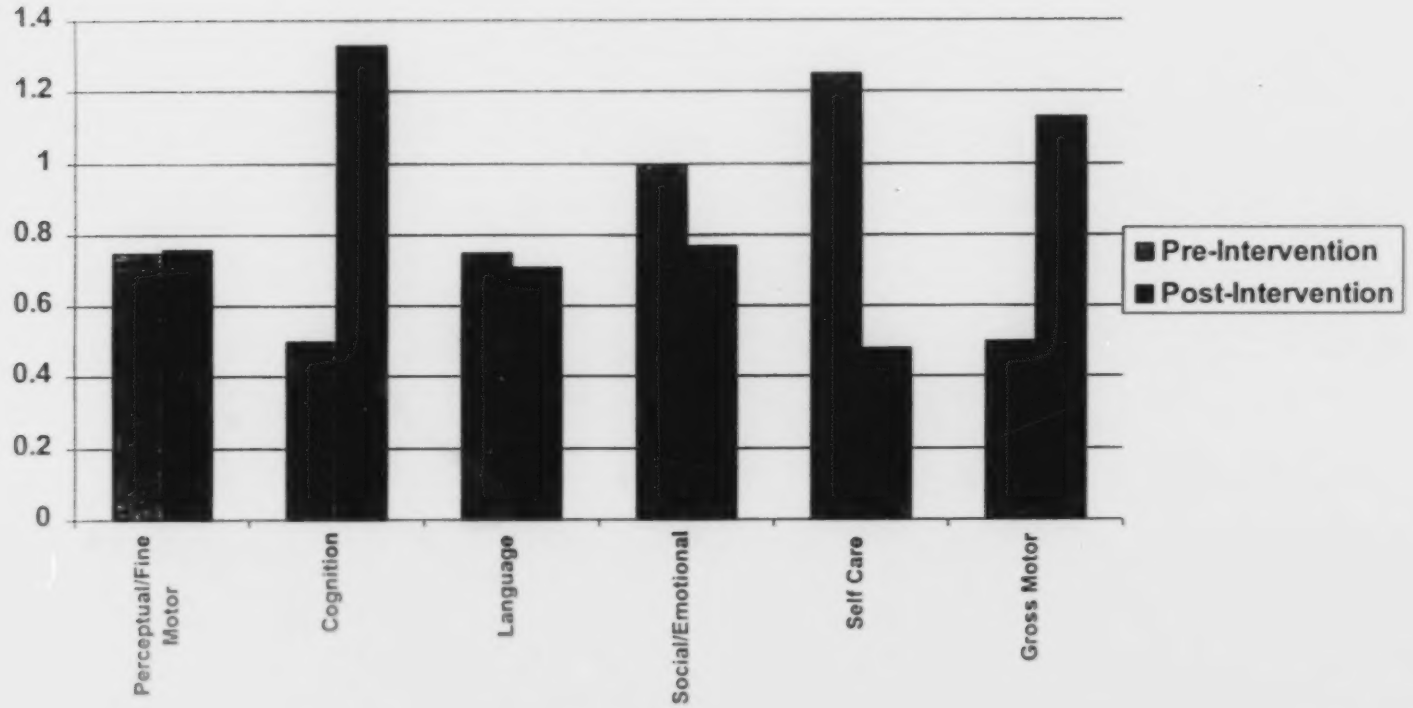
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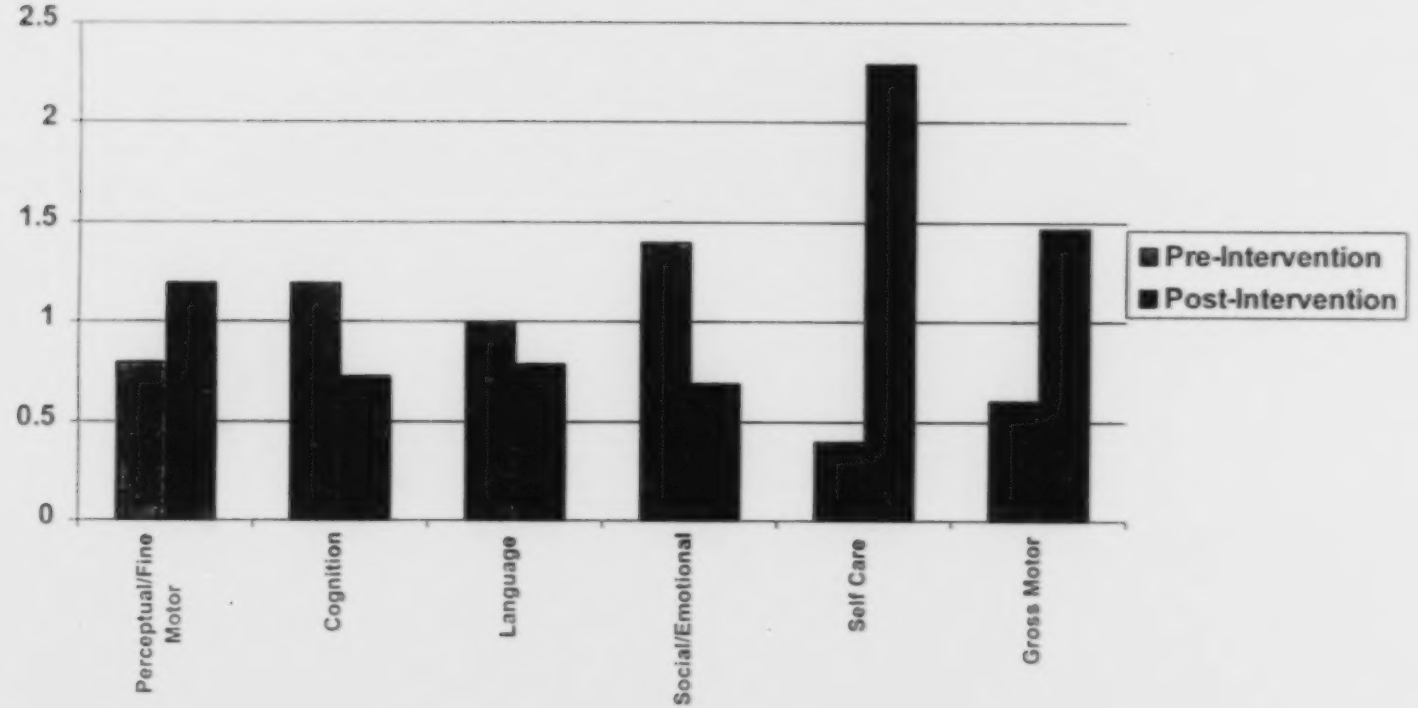
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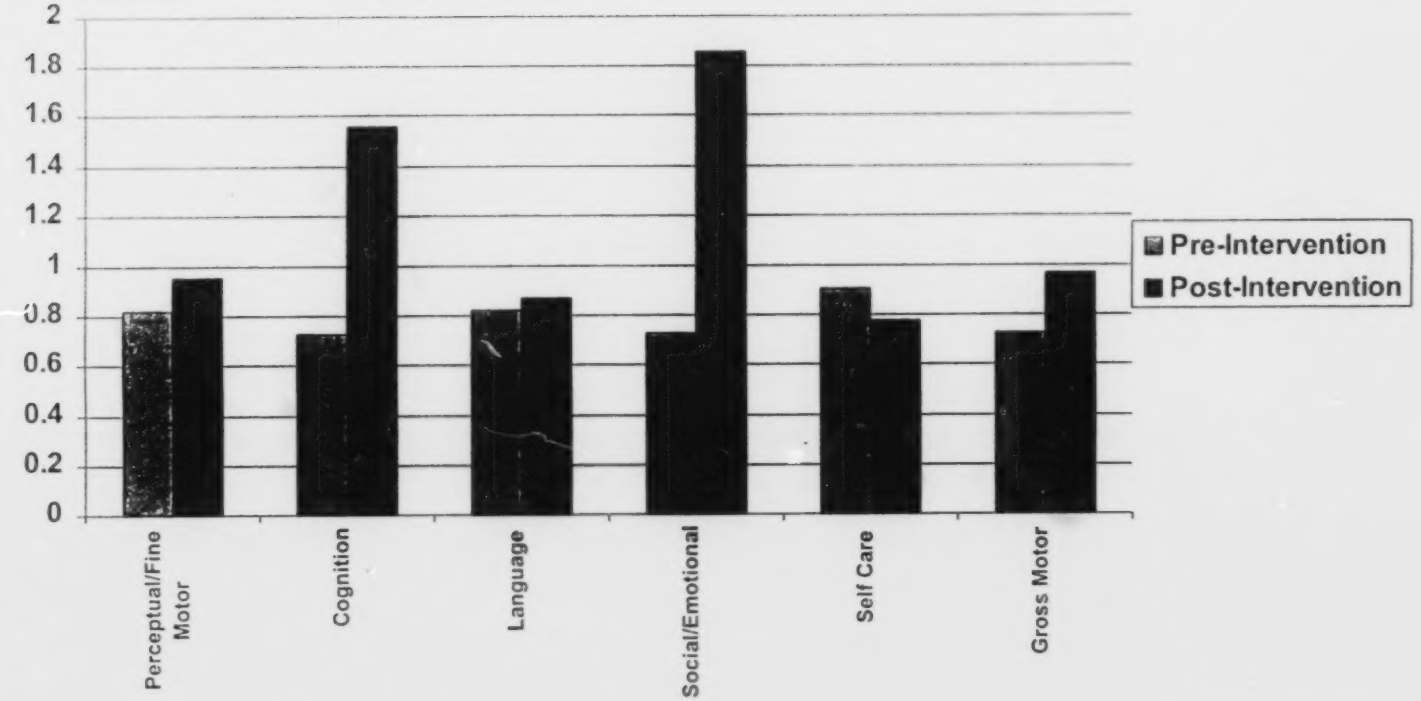
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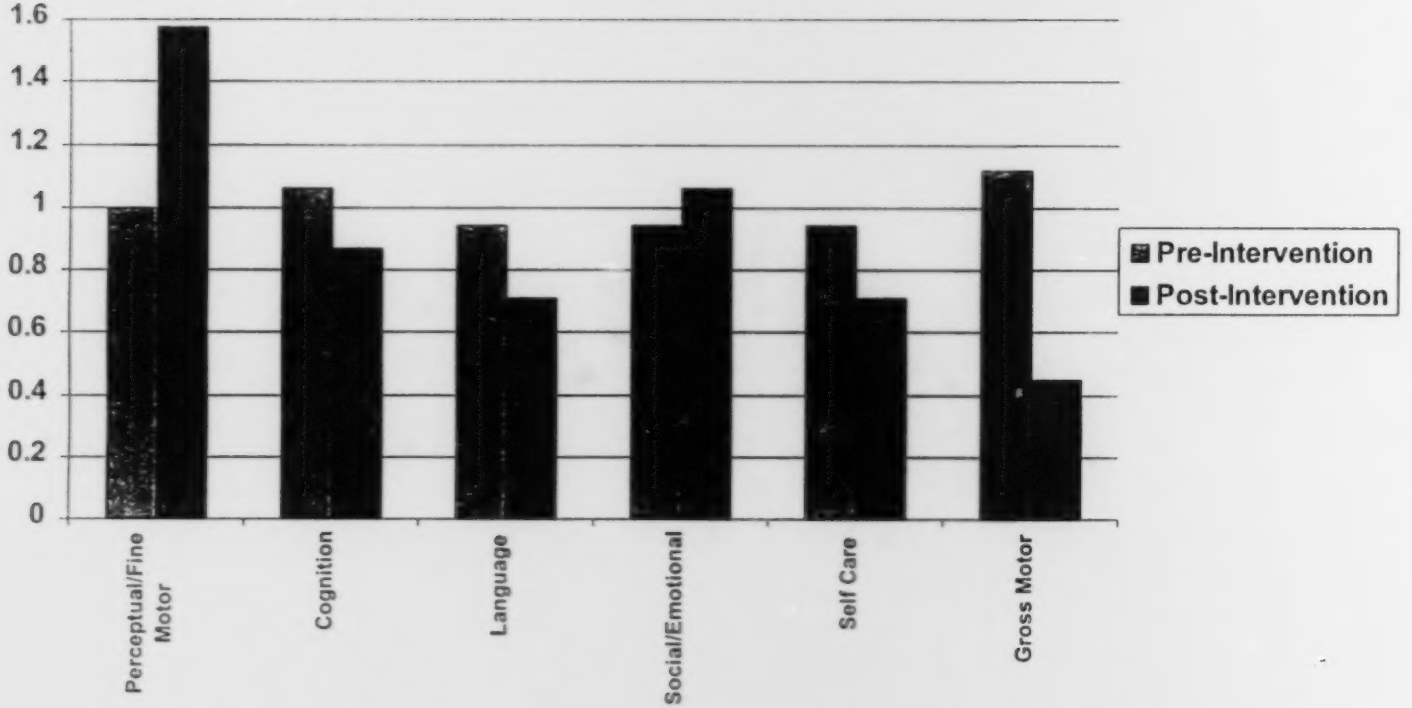
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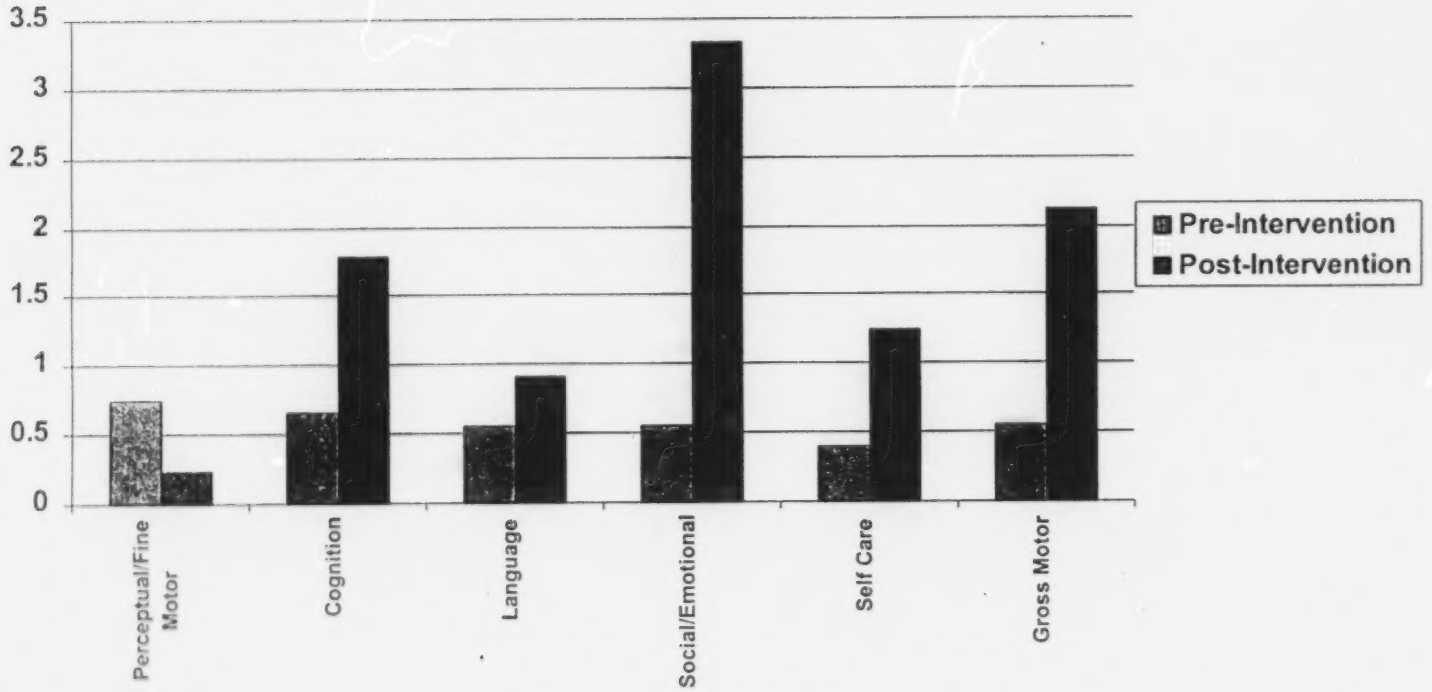
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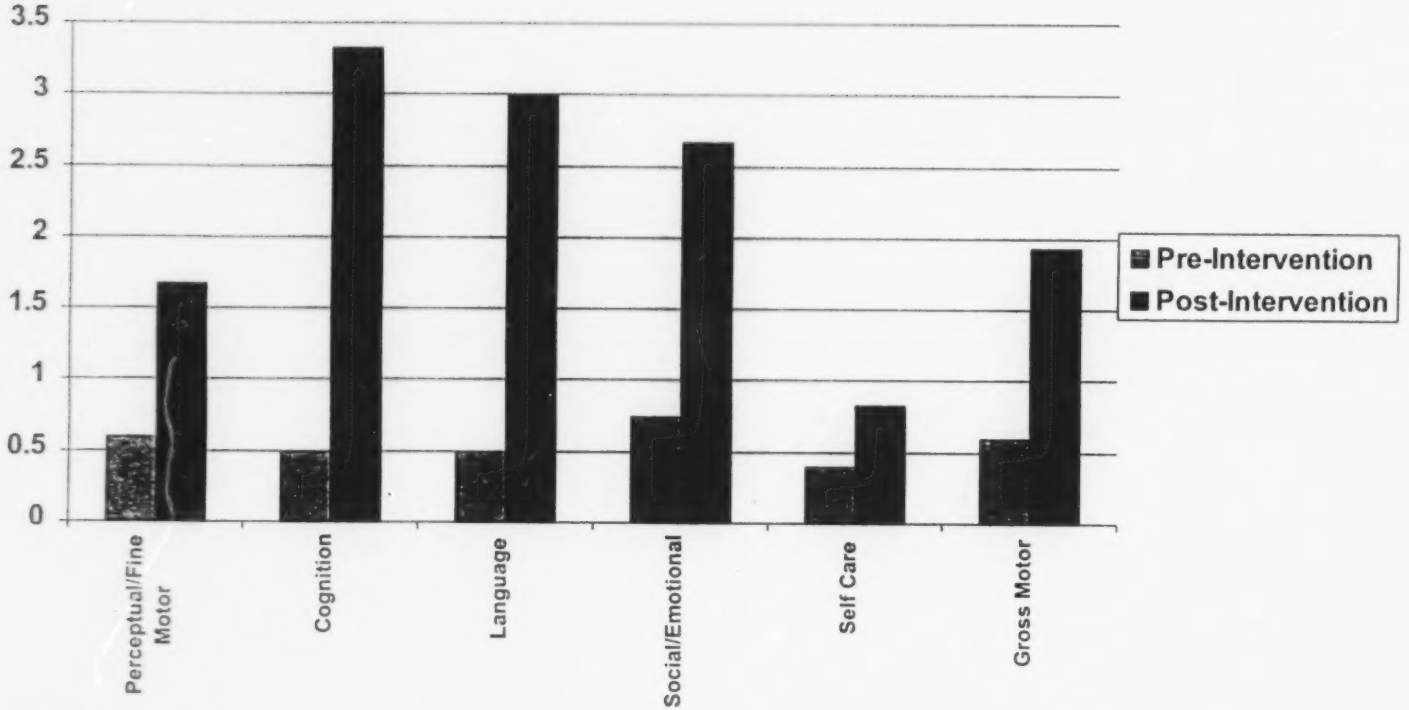
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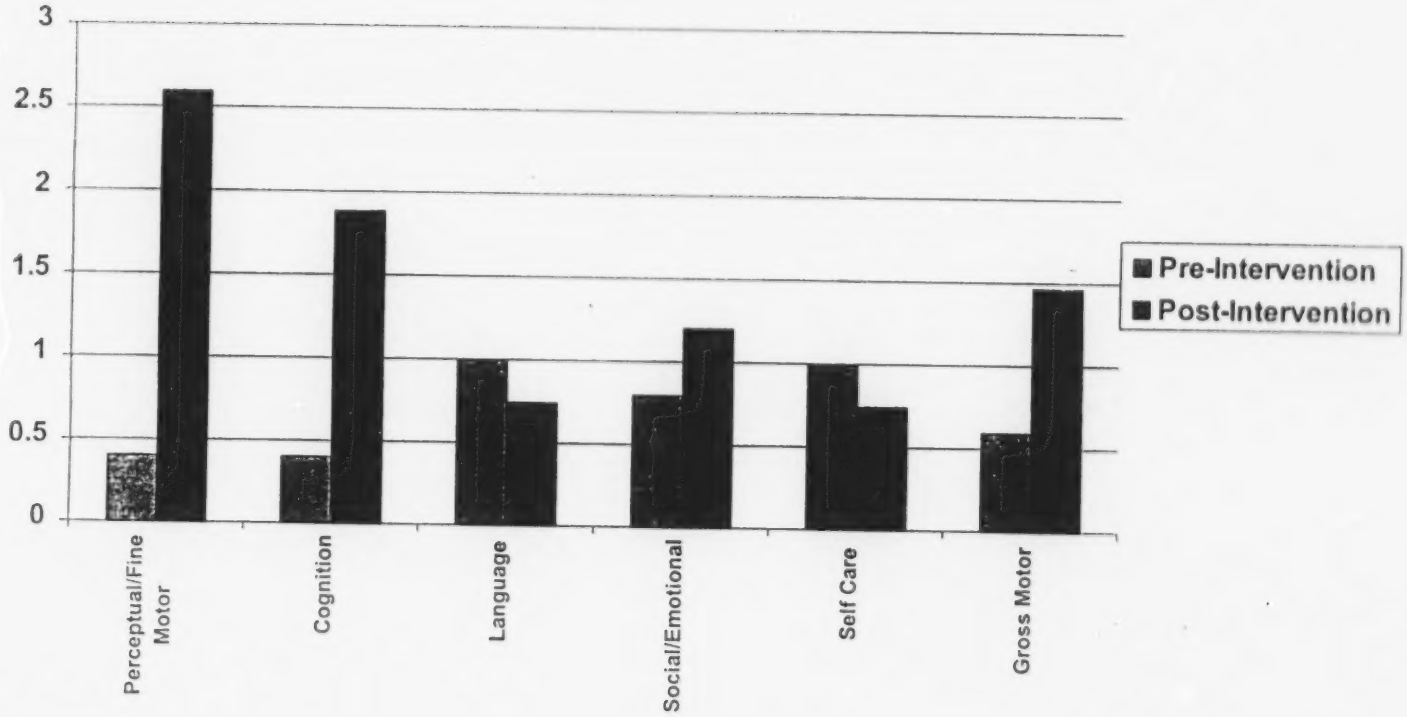
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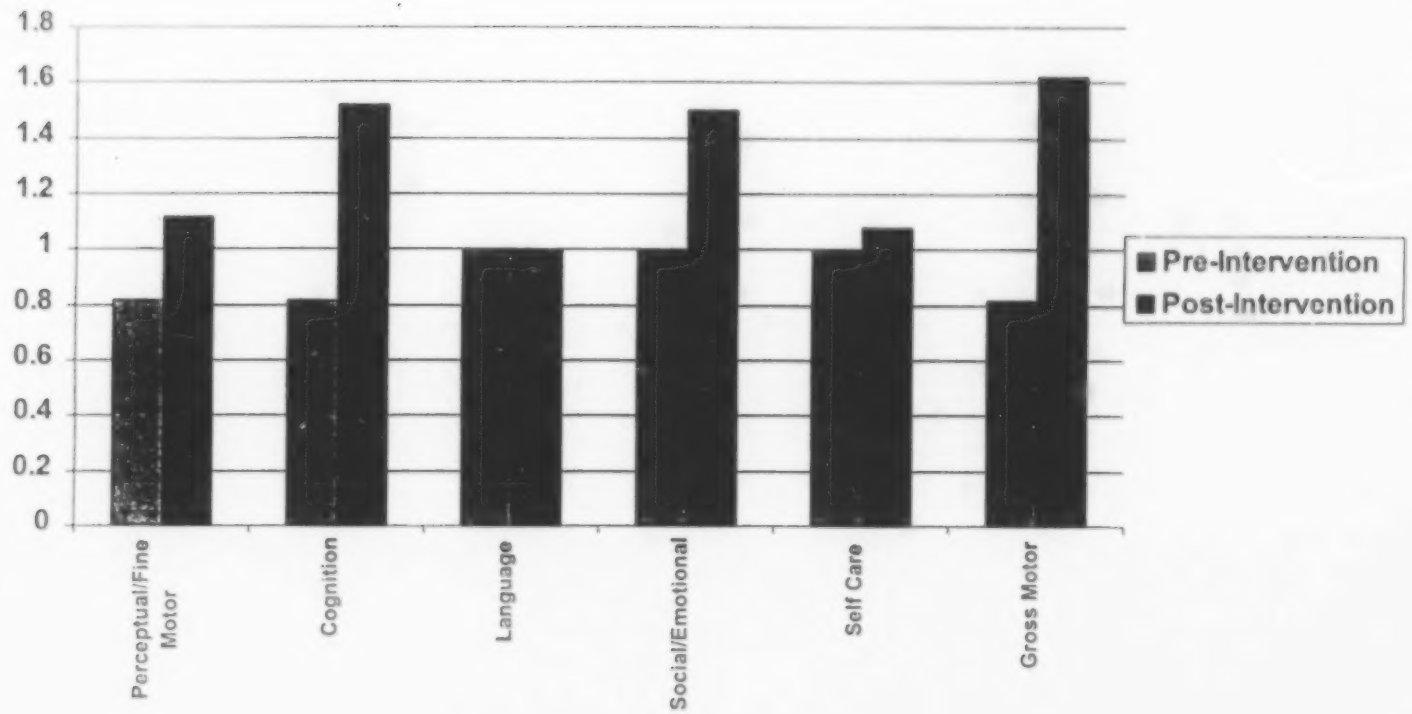
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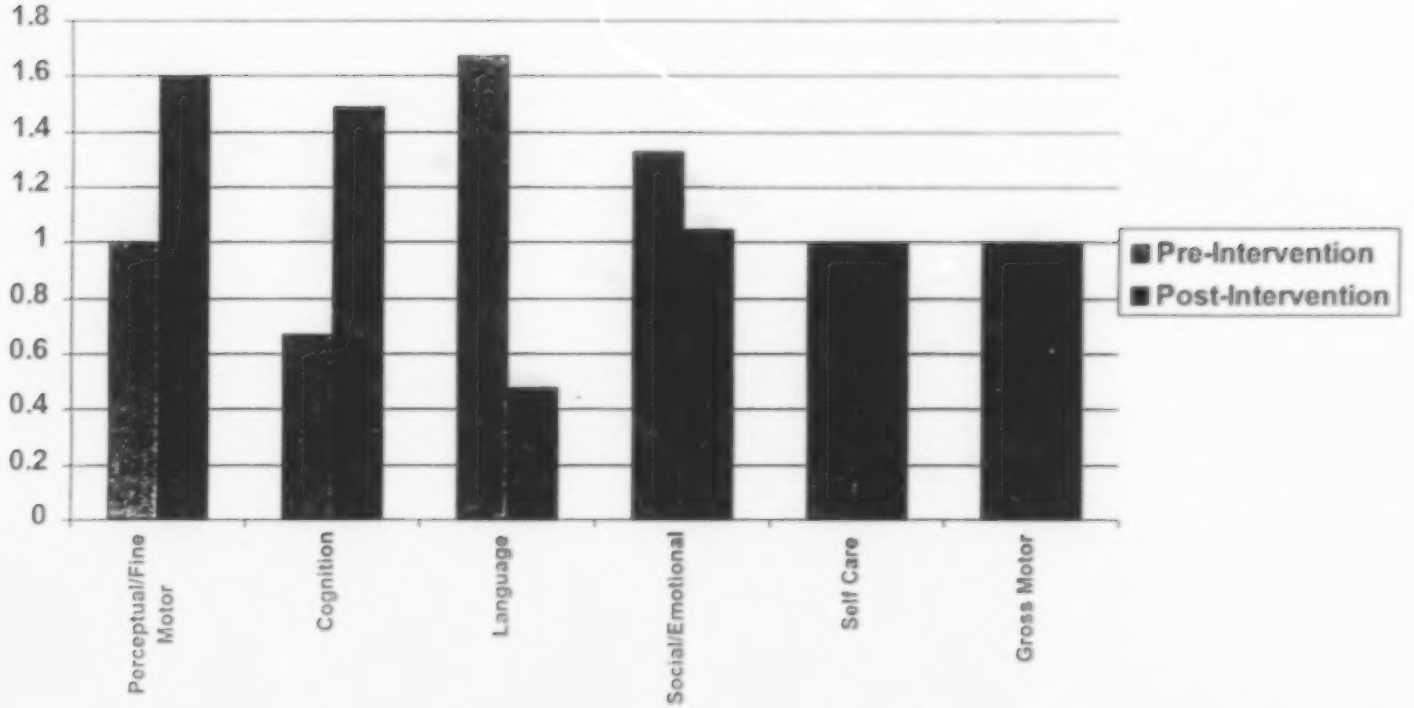
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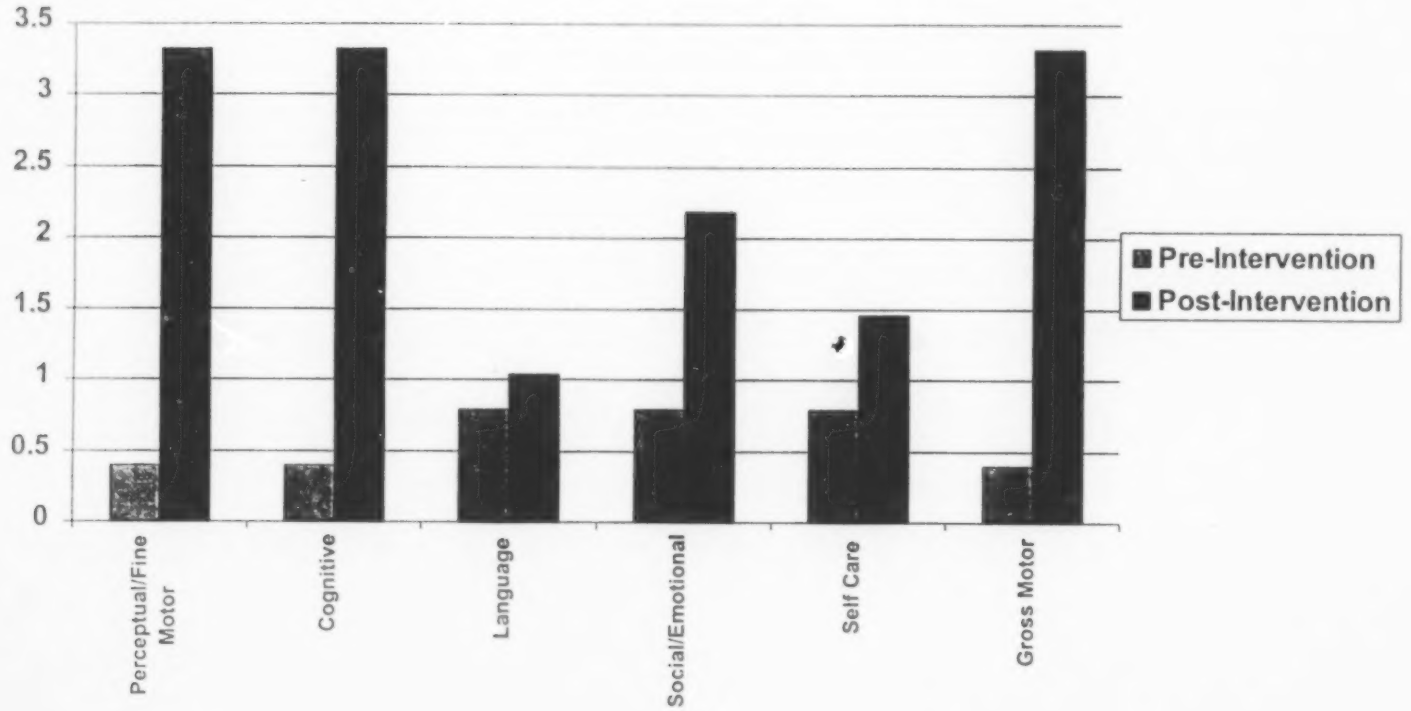
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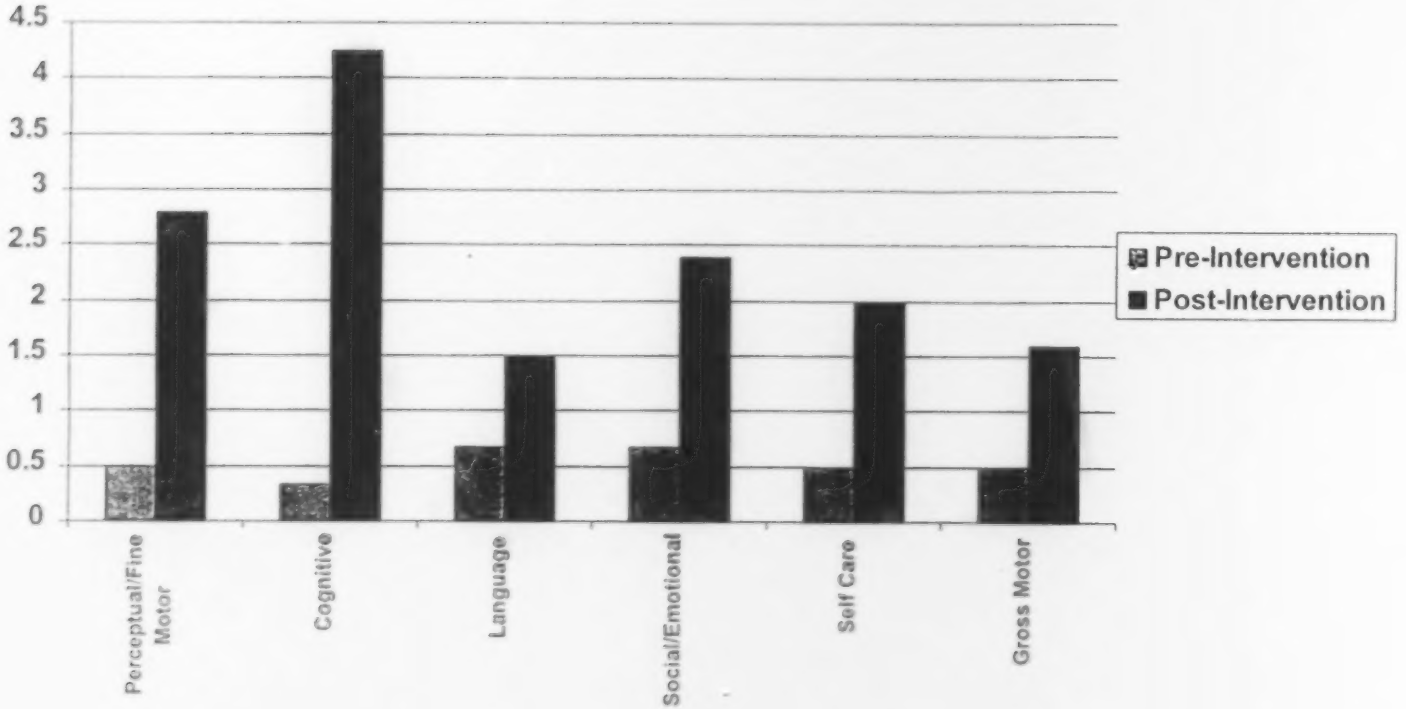
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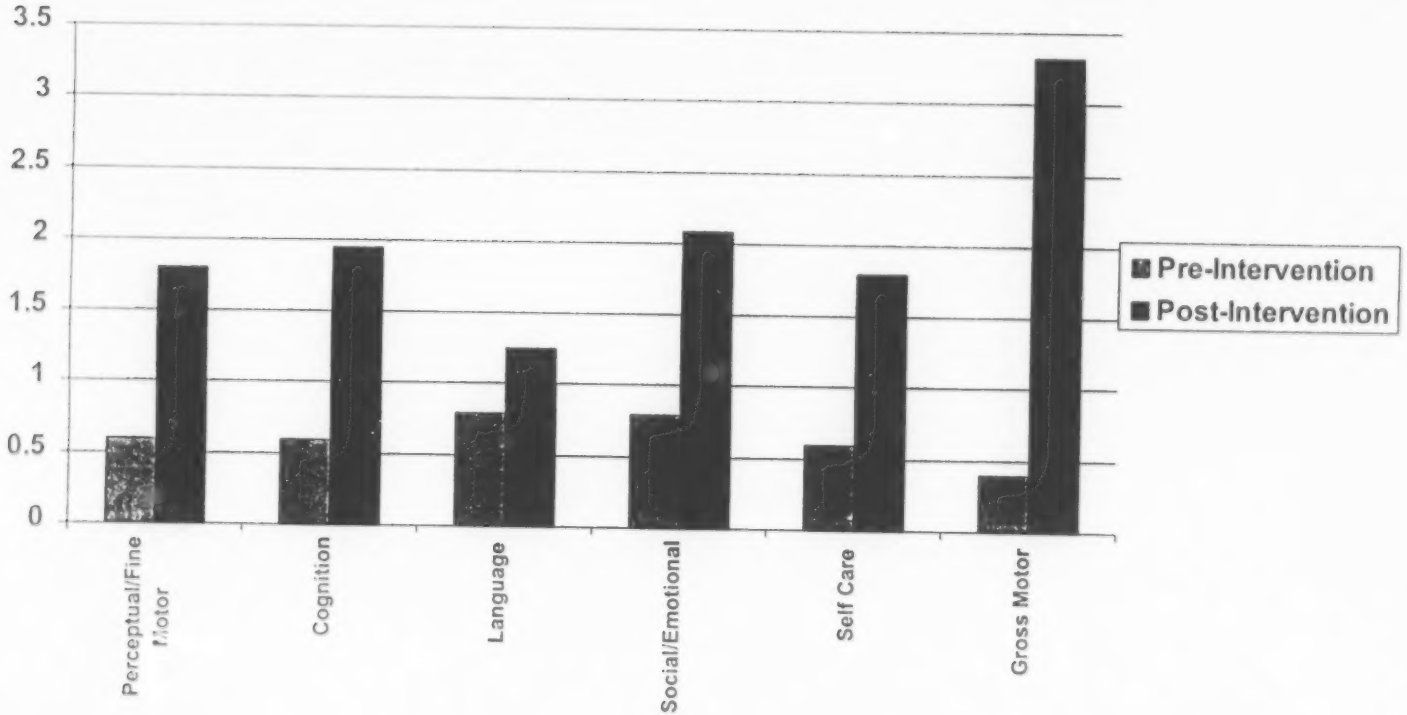
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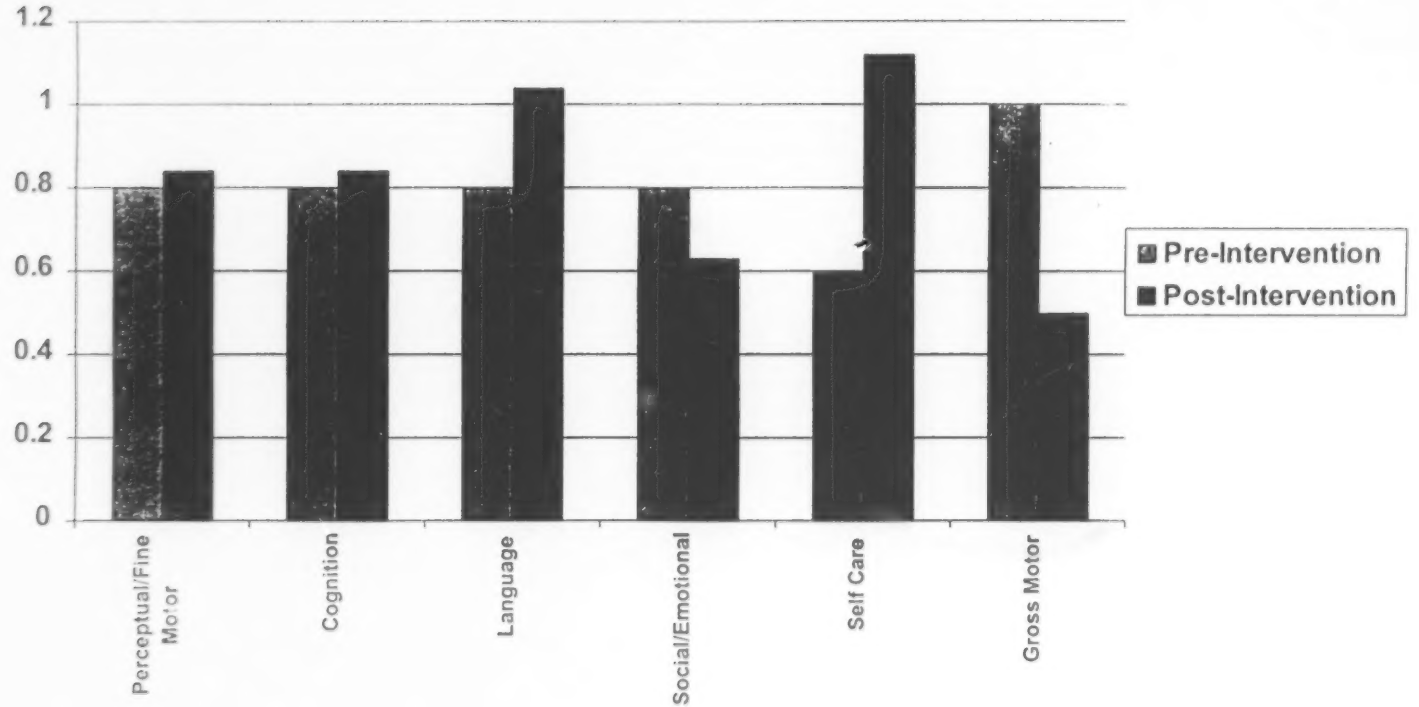
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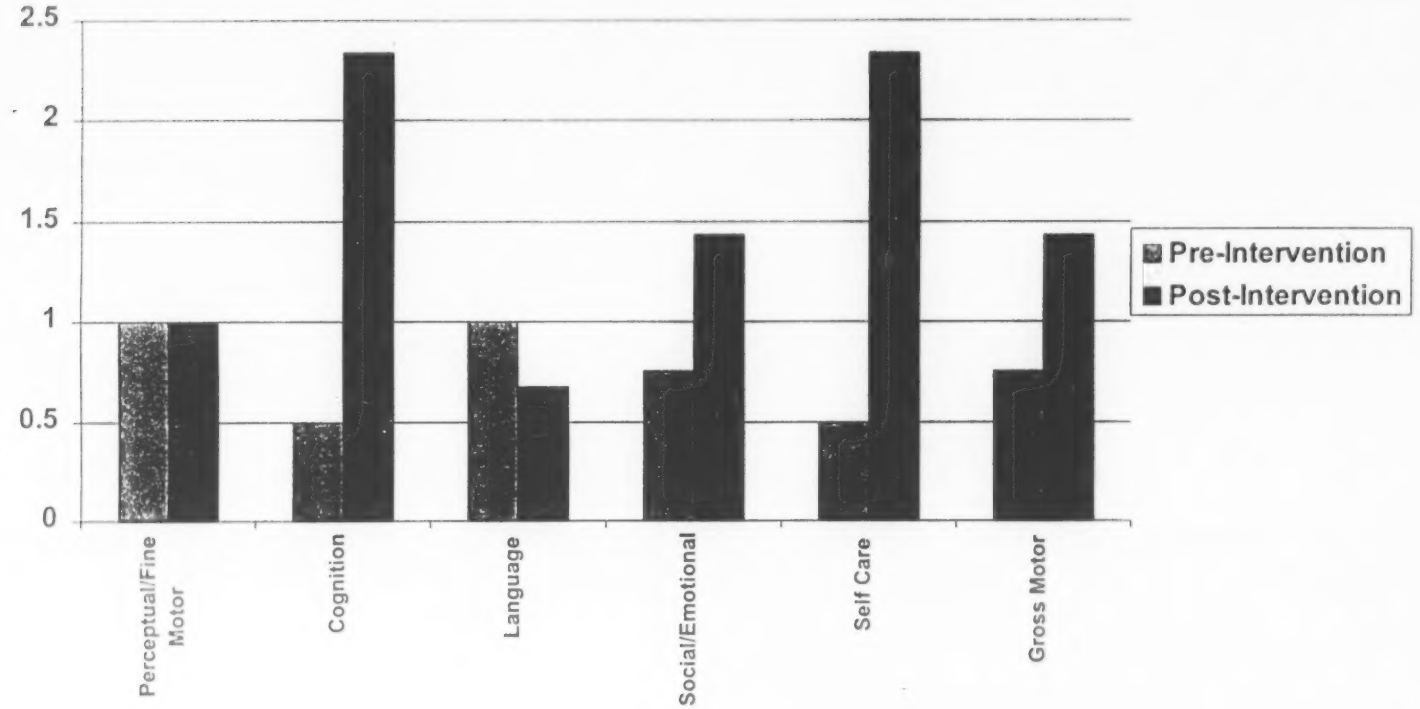
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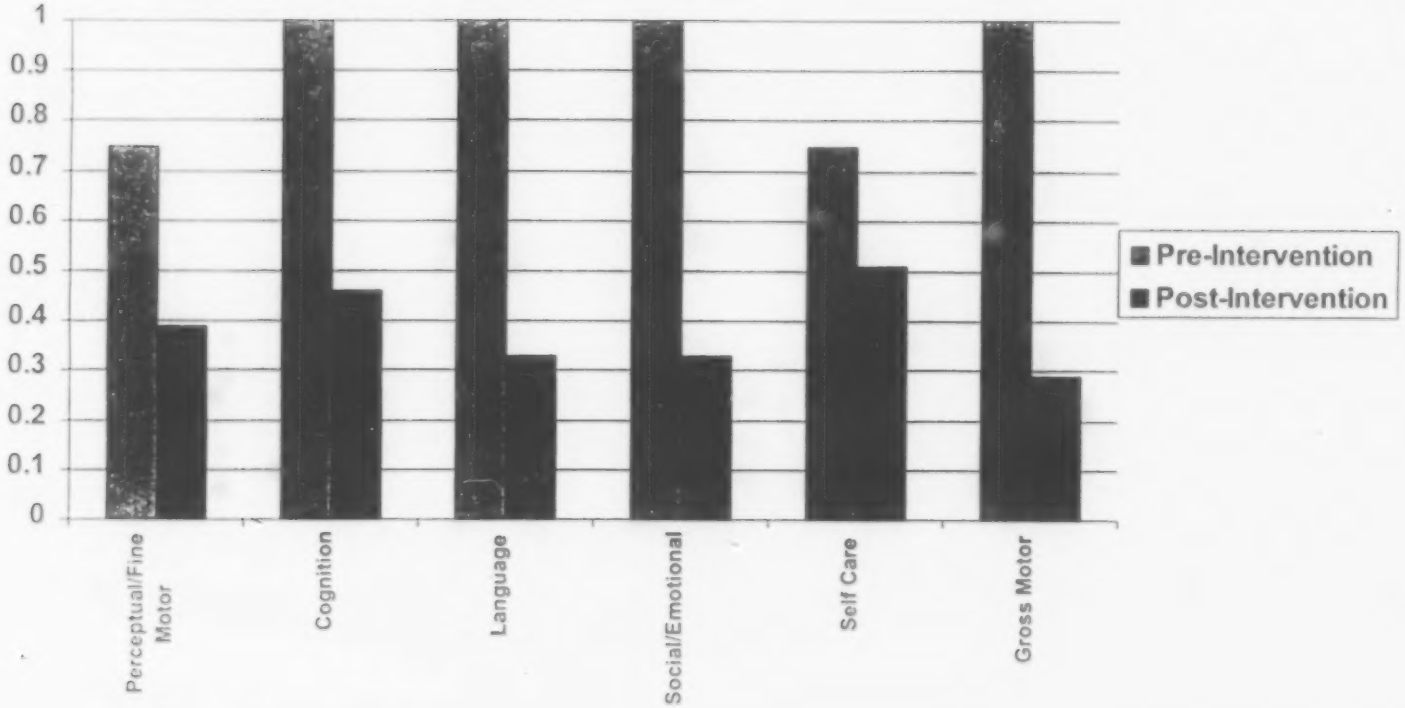
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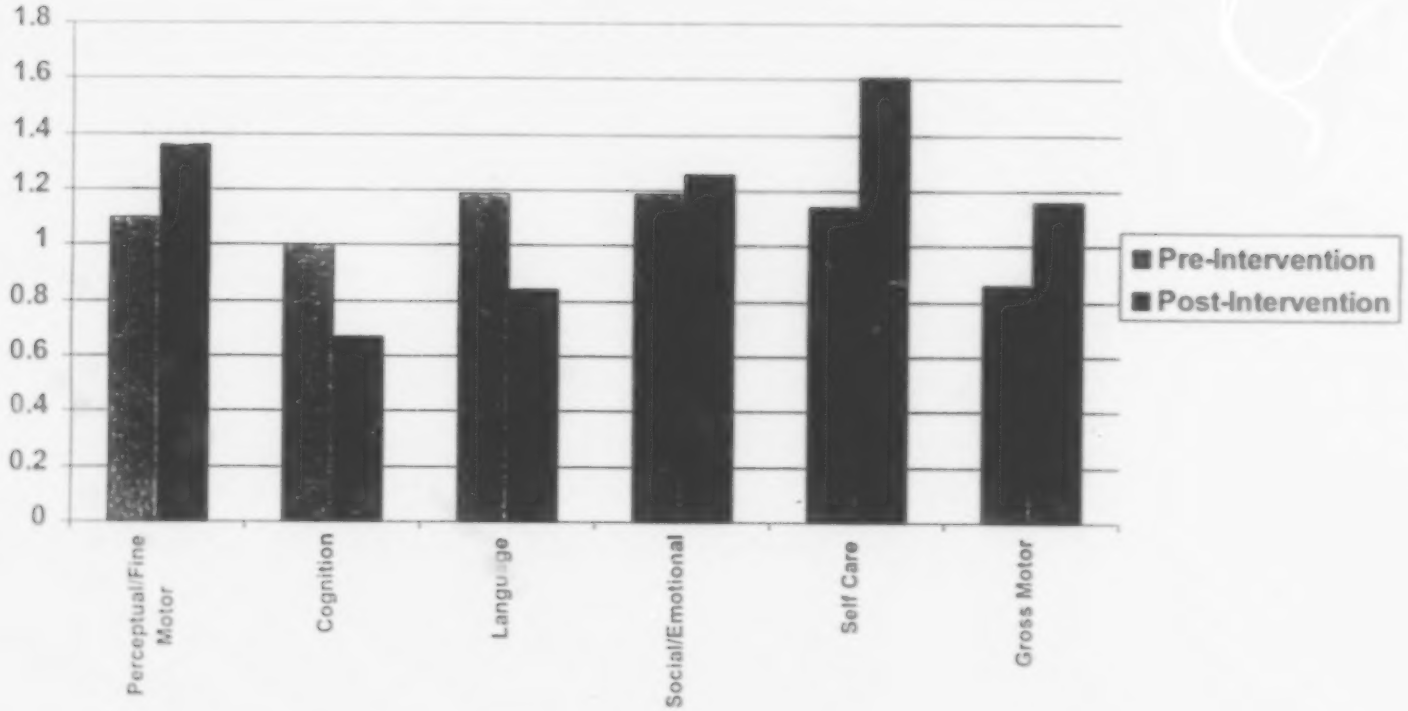
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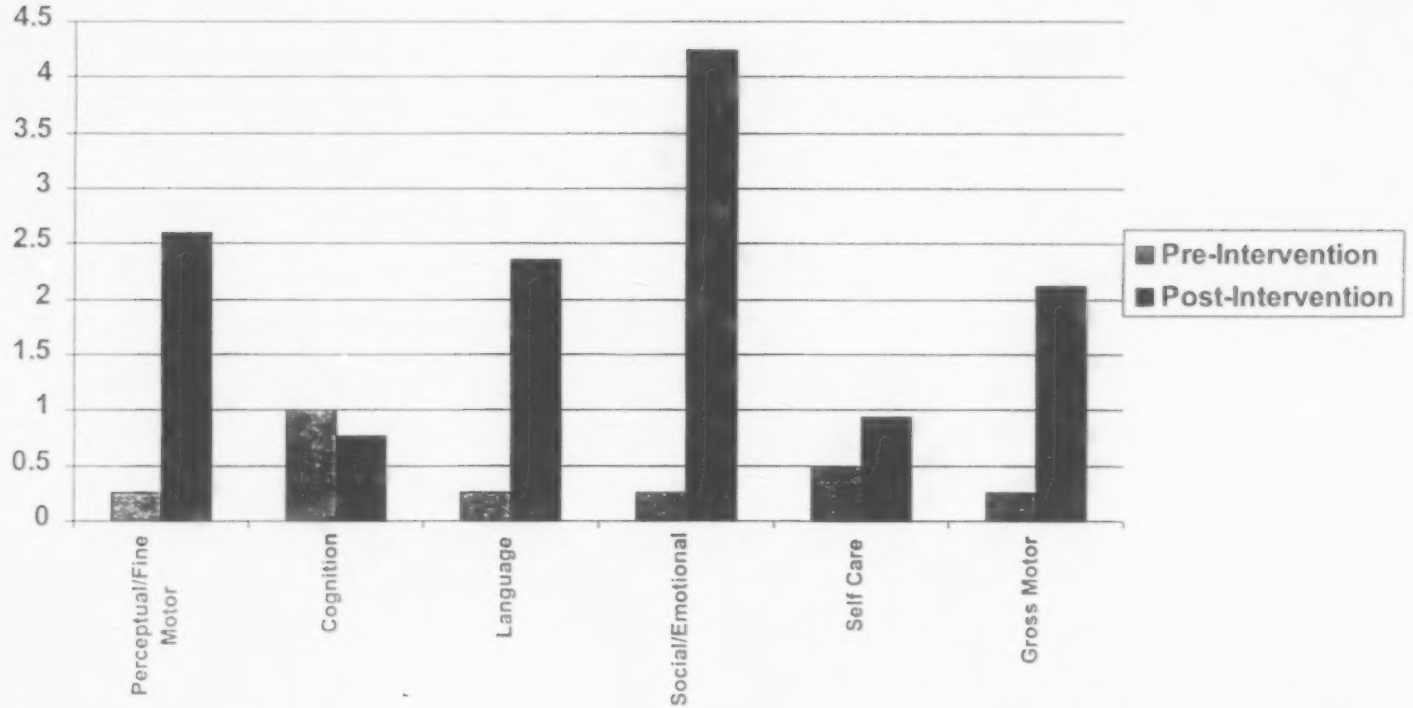
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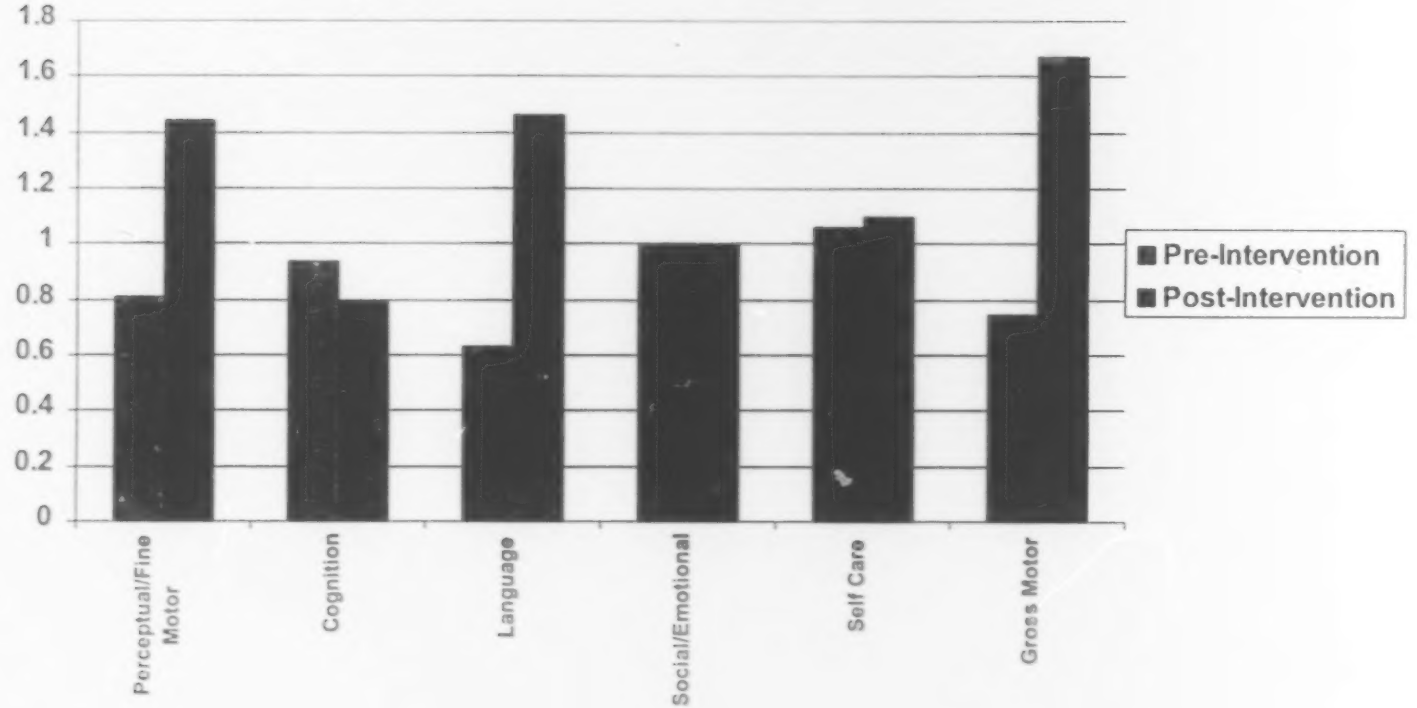
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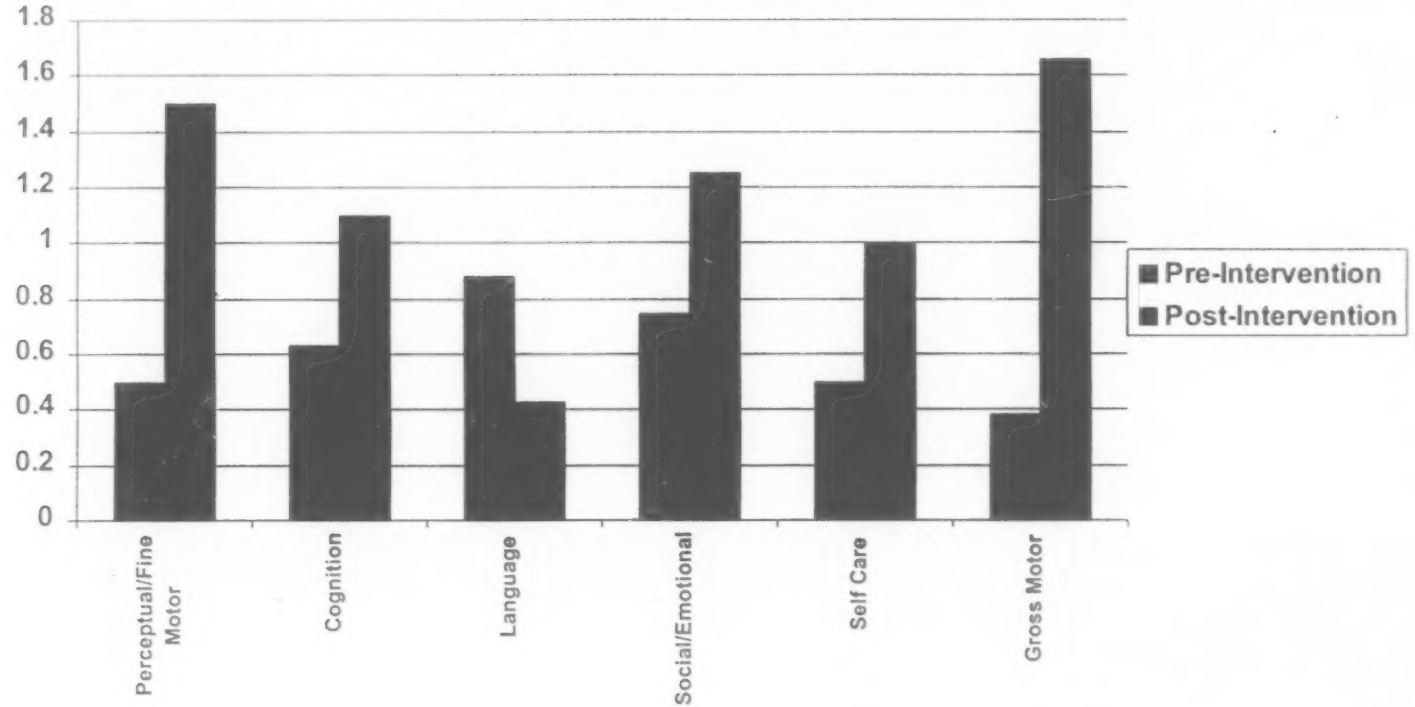
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